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ORIGINAL COMMUNICATIONS.

*Lectures on Scarlet Fever.* BY CASPAR MORRIS, M. D., late  
Lecturer on Practical Medicine in the Philadelphia Medical  
Institute.

LECTURE V.

Such are the phenomena which usher in, and mark the progress of, scarlet fever; and such the primary results of its impression on the human system. We are now prepared to arrive at some conclusion as to its character, which may be thus expressed.

Scarlet fever is a febrile disease, dependent on a specific miasm, resulting from unknown external influences; yet capable of reproduction, and diffusing itself, both by direct contagion and by the establishment of a peculiar condition of the atmosphere within limited districts: the susceptibility to the influence of this cause varies in different individuals and at different periods of life, and is generally exhausted by one attack: the morbid impression is made on the nervous system, and transmitted to the circulating fluids through which every part of the organization becomes subject to the influence, while the principal localization of diseased action is in the capillaries of the skin and mucous membrane,

especially that which covers the pharynx: it has a fixed duration of from 120 to 160 hours, at the close of which period the disease has a natural solution, unless the disturbance of the functions has been so great as to destroy life, or local lesions have been produced which maintain the irritative action.

We now proceed to the consideration of certain results of this impression, which are more durable than the disease itself; quite distinct in their character, equally, perhaps more, to be deprecated than the primary disease.

These are generally known as the *sequelæ*, and as such, have been occasionally referred to in our previous lectures. They may be divided into two classes. 1st, Those which appear to be a mere continuation of the local lesions developed during the course of the disease, which are confined to the same vicinity; sloughing and ulceration of the throat, diseases of the ear, often extending to the bony structure, and abscesses about the neck.

It can scarcely be necessary to add any thing to the remarks already made on the subject of the affection of the throat, when treating of that symptom in the description of the anginose and malignant forms of the disease. It occasionally happens, however, that the ulcerative process set up from the very commencement of the case, continues long after the scarlet fever has run through its regular stages; and extends itself upwards into the posterior nares, or downward into the pharynx, or even invades the larynx.

It may, however, be well to inform you, that a question has been raised, whether there is ever an actual solution of continuity of the parts about the throat. Of this there can be no doubt on the part of those who have seen the anginose and malignant forms in their greatest intensity. I have known the entire destruction of the soft palate, and extensive sloughing of the adjacent parts even where recovery has followed.

Disease of the ear may either occur during the course of the primary disease and be prolonged after that has reached its termination, or may be first manifested even some weeks after the scarlet fever has seemingly disappeared. It is sometimes ushered in by a rigor and deep seated pain, followed by purulent discharge, and at others, is first manifested by discharge from the



external meatus of a thin apparently serous fluid, which soon takes on the appearance of unhealthy pus.

The cases which thus manifestly originate in the membrane lining the external meatus generally yield speedily to appropriate treatment; while those which are dependant either on the transmission of the inflammation along the Eustachian tube, or in which that process has its commencement in the internal ear, are of a much more serious character. In either case permanent deafness may result; if both ears are affected, reducing the child to the condition of a mute. I had a case some years since in the person of a fine healthy boy of about eight years old, in which the primary symptoms were all of the most aggravated character. The swelling of the throat and ulceration of the mucous membrane of the pharynx and nares were very extensive. As the primary disease subsided the irritative action of these local lesions took its place, prolonging the duration of the case for many weeks. Finally, a chill, followed by intense febrile reaction and extreme pain in the ear, announced the extension of the disease to the internal ear. Stupor, interrupted with violent shrieks, like those which occur in acute meningitis, supervened: suppuration was established, and the matter found its way to the surface by the external meatus, and by an abscess over the mastoid process, evidently connected with the cells of that portion of the temporal bone. Caries of the bone followed, which continued for several years, and though the general health of the child was in great measure re-established, nothing had any influence in arresting the disease of the bone, which continued to extend itself until ultimately it reached the membranes of the brain, and he died of acute meningitis.

Croup may also occur as a sequela of scarlet fever, as well as during the primary stages of the disease; in either case a most formidable complication. Some years since one of my patients survived an attack of scarlet fever in which every complication and sequela of the disease appeared to conspire for her destruction. The disease was ushered in by convulsions. There was extensive sloughing of the soft palate, and then as late as the tenth day the hard croupal cough gave evidence of the invasion of the larynx. I attempted the application of the solid nitrate of silver to the part, when to my infinite dismay a large portion

was broken off by the child in its struggles and swallowed. I said nothing of the accident to the parents at the moment, but calling for the salt cellar, promptly administered a strong solution of the muriate of soda. This not only decomposed the nitrate of silver but acted as a speedy and efficient emetic, and very probably saved the child's life, by the vomiting induced, as to my great surprise it recovered.

Still more frequently, the lymphatic glands of the neck become implicated, and serous effusion into the cellular tissue beneath the jaw impedes the deglutition and respiration, and either accelerates the fatal catastrophe, or produces the formation of large collections of pus, which may give rise to hectic irritation, and result in death after prolonged suffering.

The 2d class embraces lesions, which are more general in their character; among which the first place in importance as well as in order of time, must be assigned to that destruction of the epidermis by the cutaneous inflammation which gives rise to the process of *desquamation*, to which reference has been already made. It may be indeed a question well worthy investigation, how far other sequelæ, inflammation of the kidneys, and dropsical effusions, and inflammation of the membranes of the heart, may be dependant on this interruption of the functions of the skin. Certain it is, that all these sequelæ are observed to follow more frequently those cases in which the affection of the skin has been most decided. Some authors make a contrary assertion; but my own observation is very positive on this point. Thus in the malignant and irregular forms of the disease, the mortality is greatest in the first week, or results from the injury done to the brain or nervous system, by the direct onset of the disease. While in those mild cases of the simple form in which there is abundant efflorescence, with high febrile reaction, death, if it occur at all, is produced by the dropsical effusion, or some of the other secondary affections, as those of the heart or brain. When the rash has been very vivid, and the heat and dryness of the skin corresponding, the destruction of the epidermis is most decided; and most writers agree in testimony, that in such cases, there is more reason to apprehend the occurrence of serious sequelæ, while in those cases in which the rash does not appear, it is but slight, or recedes soon after its appearance; the



functions of the skin being less disturbed, the convalescence is less frequently interrupted by the occurrence of dropsical effusions, or of inflammation of the membranes of the heart, which prove the most fertile sources of danger after the first stage of the disease has been safely passed through. You must also bear in mind the fact that the disease of the skin is more strongly marked in the simple and anginose than in the malignant or irregular forms, and all writers coincide in the declaration that the sequelæ are more usual in the mild and regular, than in the severe and irregular cases.

The importance of the skin, and the influence upon the whole economy of the mode in which its functions are performed, cannot be too strongly impressed on your minds. We all are conscious of the effect on our own sensations arising from the arrest of those functions, by whatever cause it may be produced; and you know every feeling of discomfort is only an indication of a deviation from health. This, however, does not make so strong an impression on your minds as the facts which are proven by observation on the results of the healthy action; when for example, you estimate the influence on the circulating fluids which must be produced by the twenty-eight miles of "perspiratory tubing," with its seven millions of pores opening through the epidermis, discharging daily two ounces of excrementitious matter, and not less than thirty ounces of watery vapor, you can better appreciate the effects which must result from the entire interruption of this excretion, produced by the drying of the cuticle through which those pores are transmitted: nor must you forget that this excretory process is not the only one which is going on through cutaneous agency. From the teacher of Physiology you will learn how large is the amount of influence on the blood, subsidiary to that of the lungs, exerted by the direct imbibition of oxygen through the skin. Now if you bear in mind the activity of the vital processes, and that no one of them is needless, but each absolutely essential to the other, and to the integrity of the whole organization; and then remember that by the destruction of the cuticle not only the depurative action is arrested, but an obstruction placed on one channel, by which the vitalizing influence of oxygen is introduced, you will be better prepared to appreciate the con-

dition of the blood, and the consequent danger to the patient, in scarlet fever, from this cause. It is, moreover, a fact well established by the observation of surgeons, that in burns and scalds, the danger is proportioned less to the depth of the injury and the intensity and duration of the heat applied, than to the extent of surface involved, thus affording additional evidence of the importance to the system of the cutaneous function. Nor must you overlook the fatal results which have been produced, on animals of a lower grade, by coating the skin with some impermeable material. Now in this disease the whole surface is affected, and more decidedly than in any other of the exanthemata, except confluent small pox. In rubeola there are patches of healthy skin; in erysipelas the extent of surface involved at one time is much smaller, and neither of these diseases leaves the dead cuticle to impede the normal action of the new. You will not, therefore, be surprised that when treating of the inferences, as to the final result, to be drawn from the symptoms of the disease, I cautioned you against the common error, of supposing that the freeness and extent of the cutaneous affection was a favorable sign; and will understand why I thus draw your attention to the desquamatory process and place it first among the sequelæ of the disease; and will also be the better able to comprehend why the mortality is often greater in the secondary than the primary stages. So decidedly is this the case, that common observation has taught it. When on one occasion I assured an intelligent mother of a large family, several of the children having been attacked simultaneously, that the crisis of the disease was passed, she replied: "well, then this is the period of danger; Mr. ———, who lost several children with it, told me that they all died just as the doctor told him they were getting well."

This, then, is the period in which your anxieties should be especially active and your care most vigilant; and the danger to the patient is connected with, if not wholly dependent upon, the interruption to the healthy action of the cutaneous excretories. The process of casting off the cuticle, which we observe, and to which this term *desquamation* is applied, is not itself a diseased process, but the effort to get rid of an impediment to the normal action of the system. Commencing from the time at which the cuticle is destroyed in favorable cases, in others it is post-



poned, sometimes even for a fortnight. You will always find the peril proportioned to the tardiness with which it is accomplished ; and until it is completed, you will find your patients depressed by the poisoned condition of the blood, and liable to the sudden development of cerebral disease or inflammation in some organ essential to life. But the external cuticle is not the only organ for exhalation, the action of which is in a similar manner suspended or destroyed by the disease. You are of course aware from observation on your own person, and have been taught to apply this observation to its relation to disease, that wherever any influence from *without* arrests the cutaneous transpiration, a corresponding increase is found in the watery constituent of the secretion from the kidneys. This is not the case, however, in diseases where the same cause certainly operates equally on both kidneys and skin, and produces a similar result in each. Hence you will find, that though the amount of urine has been but little diminished during the four or five first days of scarlet fever, it is either wholly arrested or becomes very scant about the same time that the functions of the skin are most impeded. The same is true in other febrile diseases, in most of which, you will find the excretions through the skin and kidneys are not antagonistic as in health, but are either suppressed or increased in freeness under the influence of some common cause. The occurrence simultaneously of increased discharges from both organs is noted as marking the crisis of febrile diseases. Now it is not at all a forced idea that the same diseased action may be established in the Malpighian bodies and epithelium of the kidneys, as is observed on the external tegument ; and it is well known that the flow of urine is always much diminished about the time at which the process of desquamation is at its height, and I believe epithelial scales are found at this juncture abundantly in the urine. The facts observed therefore, confirm the suspicion which might be entertained from reasoning only, that there is such a connexion between the diseased condition of the skin and kidneys, in their influence upon the other sequelæ of scarlet fever, as justifies the relation which I have ventured to suggest before ; and indicate the latter organs as equally interested with the skin in the production of some of the results which will claim your attention immediately. Whether the

diseased condition of the kidneys be dependant on the interruption of the functions of the skin, or both organs are simultaneously affected by one common agency, I am not yet prepared to decide positively. Certain it is, that dropsical effusions occur in a very large proportion of cases of regular scarlet fever, frequently, in despite of all precautions, always if care be not taken to prevent exposure to atmospheric vicissitudes or errors of diet. The more regular the course of the case, the more vivid and abundant the eruption, the more certainly may this desquamation be expected, and its consequences, dropsical effusion, be looked for.

The external cellular tissue affords the most common seat for the serous effusion. It may take place, however, into any or all the cavities of the body from the ventricles of the brain or pericardial sac, or cellular structure of the lung, to the tunica vaginalis testis.

The actual effusion of fluid is generally preceded, a longer or shorter time, sometimes only four or five hours, in other cases, for a day or two, by feelings of languor and drowsiness, loss of appetite, nausea and vomiting, coated tongue, and great heat and dryness of the skin: the pulse is tense and corded, with a return of the frequency if that had subsided. From the end of the first week to the beginning of the third, is the period at which these symptoms are most frequently developed. Though no amount of precaution can wholly remove the liability to the result, it is by no means uncommon to find it brought about by improper exposure to atmospheric vicissitudes, or some error in diet; and it is to the neglect of care in these points, resulting from the idea that the disease has been too mild to require it, we may ascribe the greater proportionate frequency of dropsy after the mildest cases of simple scarlet fever.

The present will probably be as appropriate a place as any that may offer to impress on you the importance of enforcing the greatest care with regard to this exposure, and indulgence of appetite, since it is sometimes very difficult to make those who have not purchased their own experience by a severe lesson fully aware of its necessity.

In the year 1830, I was sent late at night, by the late



Dr. Dewees, to see the family of an officer of the Navy, in which five of the children had been under the care of another physician, with mild scarlet fever. He had seen them in the morning, pronounced them well, and had given his consent to their being allowed the free range of the house and the usual diet of the family. When I reached the house, two of the children were already dead from convulsions, and the others were saved with difficulty, having fever followed by anasarca, depending, in all probability, on inflammation of the kidneys, the result of the exposure of the day. No examination of the bodies was permitted, but the deaths were undoubtedly owing to effusion of fluid within the cranium. Dr. Chapman describes similar results as having occurred under his own observation.

In another instance I was attending a child from South Carolina at lodgings here, which was carried happily through a mild attack, with but little treatment except of a preventive character. An older daughter of about 18 was taken sick after I had ceased my attendance in the first case. The symptoms were so benign, and the treatment I had adopted had been apparently so nugatory, that the family were induced to believe the disease was but little to be dreaded, and required no care whatever. They, therefore, did not seek medical advice in the second case, and permitted her to pursue her usual habits, as regards diet and exposure; at the end of a fortnight I was sent for to prescribe for general anasarca for which they were at a loss to account. Warned by these and similar instances, some of which I shall refer to when treating of other sequelæ, I am always earnest in my endeavors to impress on the parents of scarlet fever patients, the great importance of care on these points, until the entire process of desquamation has been completed; and this care is more especially important, at the very juncture when it is least likely to be exercised, just at the close of the process, when the condition of the blood caused by the arrest of the secretion from the skin and kidneys is at its worst point, and the new cuticle most tender and liable to the impression of cold air. The effusion is generally first observed about the face and hands. The complexion suddenly assumes a less healthy hue, resembling that of anemia, the eye lids are observed to be somewhat puffy, and upon attempting

to flex the fingers they are found to be stiffened. The trunk and upper parts of the lower limbs next assume the appearance of disease, and on feeling these parts they are sensibly harder to the touch than natural, and there is often some complaint of tenderness on pressure, which, moreover, does not leave the indentation found commonly in anasarca. All these circumstances agree in the indication that the skin itself is in fault, and that the disease is not one of mere infiltration, caused by some affection of the viscera, or destruction of the crasis of the blood. The suddenness with which this swelling follows exposure, also confirms the same view, as I have known it to be manifested almost immediately on the return from a drive, or exposure at the door or window, or other similar imprudence. The bowels are generally costive at this time, and even though the secretion of urine may not before have been so much diminished as to arrest attention you will now find, if you make enquiry, that it is very scanty, high colored, and turbid. Those who have made critical examination of this fluid under these circumstances report it to contain blood, and albumen, and to be very acid. At one time this was thought to indicate the existence of the incipient stage, that peculiar condition of the kidney, found in cases of what is known as Bright's disease. This is, however, an error. The presence of albumen in the urine as indicated by the deposit of that substance coagulated by heat or nitric acid, is often dependant on simple inflammation or perhaps congestion only of those organs, and this is undoubtedly the case in the instances under consideration. In Bright's disease the quantity of the urine is increased, its specific gravity diminished, its color light: in all these respects presenting a marked contrast with the condition of the secretion in the dropsy following scarlet fever. The examination of the bodies of those who have died of scarlet fever, as reported by MM. Rilliet and Barthez, proves that no such disorganization as that known to produce Bright's disease exists. It is true these authors do not indicate how many of their fatal cases had progressed to the period in which dropsy is developed, but they say that "in no case were the kidneys enlarged or pallid, though sometimes red or congested." There is no disease in which we stand more in need of accurate, well digested observations of post-mortem examinations. This



results from the fact that the mortality generally occurs in private practice, and the distress of parents and friends prohibits the physician from proposing anything which would aggravate their sorrow.

Anasarca is the form in which the dropsical effusion most generally presents itself. If it were the only one, the previous diseased condition of the cutaneous capillaries, and the generally acknowledged dependance of the disease on the impression of cold on the surface, would justify the belief which has been expressed by some authors that "it arises from increased action in the sanguiferous system."\* Next to the cellular tissue beneath the skin in liability to this effusion, I should place the pleural sac or the pulmonary tissue; and after this in order of frequency, the ventricles of the brain and the pericardium, and I have no doubt that sudden death is caused in many cases by these latter lesions. An instance of this occurred in my own practice. An infant had been carried out by its nurse, apparently in perfect health. It was brought home in a state of collapse, and died in a few hours without reaction. Within a few days another child in the same family sickened with scarlet fever, and had a mild anginose attack with an abundant eruption. It passed through the first week safely, and was apparently convalescent, when an anxious grandmother, confident that it stood in need of more nourishment than I had allowed to be given, fed it largely with cakes, ice cream, and animal food. At the end of 48 hours of this injudicious treatment, the child was seized with general anasarca, with dry cough, dyspnœa to such a degree as prevented the child from lying down, and death speedily ensued. In this case there was pulmonary œdema and effusion into the pleura and pericardium. Dr. Hamilton reports three similar cases among the boys in a school in England, in which death took place within thirty-six hours, the symptoms indicating effusion in the ventricles of the brain, and the cavities of the thorax and abdomen, as well as in the cellular tissue generally. Cerebral effusion is certainly the most formidable of the sequelæ of scarlet fever, though happily less frequent than the anasarca. It is indicated by the occurrence of stupor, or violent headache and vomiting. The pulse is slow, one or both pupils dilated. Vision

\*Tweedie, Cyclop. Pract. Med.

is impaired or even lost entirely, and there may be strabismus, or even general convulsions, or paralysis. The countenance is at the same time bloated, often excessively so.

Endo-cardial inflammation is another of the sequelæ of scarlet fever of a most formidable character, which you will find mentioned by most authors. It has only once met my notice. This was in the case of a lad of 12 years old. Scarlet fever in its mildest form had passed through a family of six children, of which he was the oldest and last taken. The most rigid attention to diet, and the greatest care to avoid exposure, had been practised; my attendance had been prolonged to six weeks, and as convalescence was fairly established, I had called in the evening to take my leave, and sat till a late hour. In parting I expressed my gratification at the result, for I can assure you, you have great cause for thankfulness when this disease assumes a form so benign as to pass through a family of that size, and leave the circle unbroken. The reply of the mother, was the expression of her fear that the peril was not yet entirely passed. The hearty laugh of the one that had last been sick, which was just then heard from the nursery, might have induced me to ridicule such apprehensions had I not known the treacherous character of the disease. Scarcely three hours had elapsed when I was summoned to see him with great dyspnœa, tossing about the bed unable to lie down, with a small tense pulse and hot skin. Bleeding, leeching, blistering, calomel, digitalis and colchicum, aided by the most anxious and affectionate nursing and rigid abstinence, carried him through this attack, but left him with an hypertrophied condition of the left ventricle, and disease of the valves, from which he has, however, since recovered.

*Rheumatic* pains, with fever, are of very frequent occurrence during the convalescence from this disease. It is often, though not always the result of premature exposure, and like the dropsical effusion, is more likely to occur in mild than grave cases. A fine healthy child was spending the summer months in the country where scarlet fever had not before prevailed. He had an eruption with febrile symptoms, but of so mild a character that the physician in attendance, remarked, he might have had scarlet fever, but that there was not sufficient disturbance of the child's



health to correspond with the amount of eruption, and his ideas of the disease. The little fellow was allowed to pursue his usual amusements without interruption. At the end of a week he complained that his "legs were too long for him," that he was "tired," became feverish and languid, refused food, lost the power of using his lower extremities, and died. This was an extreme case; more generally some time during the second week, there is a return of the fever, the pulse quick and corded, and the skin hot and dry; the child complains of pain in the legs, and cries when any attempt is made to move it. This state continues two or three days, and then yields to proper treatment.

Some authors speak of purulent deposits in the joints. This is a result which has never fallen under my notice.

Diarrhœa, when it occurs, is to be ascribed to the irritation of the putrid colluvies swallowed from the ulcers in the throat, rather than to any direct influence of the cause of the disease on the mucous membrane of the alimentary canal.

(To be continued.)

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*A Case of Poisoning from Opium, successfully treated by Electro-Magnetism.* By J. B. BIDDLE, M. D.

The following case illustrates, I think, very strikingly, the value of the electro-magnetic current as a means of relieving the coma produced by narcotic poisoning.

At about half-past twelve o'clock of the night of the twenty-eighth of April last, I was called to visit a woman, described by the messenger as being in a fit. No history or explanation of the case could be obtained, except that the patient had gone out at about half-past seven o'clock to get something at an apothecary's for a cramp colic; that she had upon her return home eaten her supper as usual, then gone to bed, soon fallen into deep sleep, and finally, at about midnight, from her unusual respiration and the impossibility of rousing her, excited the alarm of her husband and family.

I found her in a state of profound torpor; her breathing extremely slow and interrupted, stertorous and gasping, with spasm of the throat, lividity of the countenance, inability to swallow, utter insensibility to the most violent agitation, pupil

contracted to the size of a pin's head, pulse scarcely perceptible at the wrist—in short, all the symptoms of an advanced stage of asphyxia. That it was a case of narcotic poisoning, rapidly approaching a fatal termination, was, I thought, evident, and I at once so expressed myself—the family, however, still professing themselves unable to explain or account for it.

Acting, however, upon this opinion, I obtained the assistance of my friend, Dr. Goddard, who lives in the neighborhood, and the use of his electro-magnetic apparatus; and, the doctor coinciding in my view of the case, we determined, although with no very strong hope of saving the woman's life, to resort to this agent. An attempt was made to introduce the stomach tube, but was unsuccessful, owing to spasm of the pharynx, and its introduction could have been of no service, as, at the lapse of more than five hours, the poison must have been altogether absorbed from the stomach.

The electro-magnetic machine employed consists of two coils rotating between the poles of two horse-shoe magnets—an unusually large and powerful instrument, producing a rapid succession of violent shocks. One pole was applied to the nape of the neck, the other to the pit of the stomach. For about two minutes after the battery was started no effect was produced. The patient then began to make convulsive efforts with her hands, as if to put away something annoying her, and, in perhaps half a minute more, she opened her eyes with a ghastly stare. The battery being still kept in action, she rose up in bed, and was able to mutter some indistinct answers to questions put her.

Upon withdrawing the electric current, the woman immediately sank back into the state of torpor in which I had found her. But, as soon as it was renewed, artificial vitality was again restored. When the current was a second time stopped, after about the same period of application as at first, the woman continued for some two or three minutes awake, gradually, however, relapsing into coma. After each application of the battery, the interval of consciousness became longer, and, at the end of two hours, she remained roused for a full half hour, in which she was able to let us know what she had taken.

It appears that she had bought "three cents'" worth of laudanum, and, never having taken it before, she supposed it was a proper dose, and swallowed it all. It amounted, as she said, to some



three teaspoonfuls—probably two fluid drachms, as this is, I believe, the quantity usually sold for that price. I think it probable that she was also previously somewhat under the influence of whiskey, as we detected it on her breath, and this must have increased the narcotic effect of the laudanum.

We now gave her some volatile alkali, and strong coffee, but they were not long retained. After half an hour's consciousness, stupor slowly crept on again, and a further resort was had to the battery, which was followed with rapid, and, as it proved, a final revival.

The patient now got up, walked about, conversed clearly, was able to keep some coffee on her stomach, and it was apparent that she had at last struggled through the effects of the narcotic. Some disposition to somnolence remained, but this was easily overcome, without recourse to the battery. I remained with her till half-past four—an hour and a half from the last application of the electricity, and then left her in charge of her friends, directing them not to suffer her to sleep till I saw her again.

Between eight and nine I found her very comfortable and completely awake, although begging hard to be allowed a nap. Three or four hours natural sleep now took place, and left her completely recovered.

It may be worth mentioning, that in the successive applications of the poles of the battery, while one was kept constantly to the nape of the neck, the other was placed indifferently at the pit of the stomach, the arm-pit, and in the hand; and the effect did not appear to vary.

Since drawing up the notes of this case, upon mentioning it to my friend, Dr. Mütter, I found that he had lately resorted to electro-magnetism with success under similar circumstances; and he kindly offered the history of his case for publication with the foregoing.

*May 14th, 1851.*

DEAR DOCTOR:—In accordance with your request, I send a brief outline of the case of “poisoning with opium,” to which I referred in our interview the other day.

Last spring, my colleague, Prof. Pancoast, and myself, were summoned about 11 o'clock, P. M., to visit a young gentleman residing at the corner of Ninth and Market streets. On our

arrival we found that a large quantity of laudanum had been swallowed accidentally, and although strong and very appropriate means had been immediately taken by several medical students who lodged in the same house, no impression seemed to be made upon the influence of the drug. All the evidences of rapidly approaching death were manifest, and as all other measures had been unsuccessfully employed, we determined to employ *electro-magnetism*. An instrument was accordingly obtained, one pole placed upon the nape of the neck, and the other over the epigastrium. Almost on the instant, the muscles of respiration were violently agitated, and the patient sprang up in bed, opened his eyes, and answered questions. The pain in a few moments was so severe, that we were obliged to change the position of the poles of the machine. Keeping one steadily applied to the back of the neck, the other was made to touch different points of the thorax, throat, abdomen and upper extremities. The *burning* sensation occasioned by the fluid, was almost intolerable, causing the patient to complain loudly, and effectually preventing any return to the lethargy from which he had so happily been aroused. We deemed it most prudent to continue our efforts, even after the patient was fully restored to consciousness, but I think not more than *an hour* elapsed between the first application of the remedy and the complete relief of our young friend.

Yours truly,

Dr. Biddle.

THOS. D. MÜTTER.

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*Thermometrical Report of the Climate at Aiken, S. C.*

May 17, 1851.

To the Editors of the Medical Examiner :

GENTLEMEN,—I enclose a very interesting and valuable “table,” prepared by my intelligent friend and patient, Mr. B., of this city, who passed several weeks at *Aiken, South Carolina*.

As this village is becoming a favorite winter resort, for invalids affected with pulmonary disease, any information bearing upon its climate, must prove useful to the profession.

Very truly yours,

THOS. D. MÜTTER.



*The Thermometer, at Aiken, S. C. winter of 1850 and '51. (Northern Exposure reached by no sun during the whole season.)*

1850.						7 A. M.						12 M.						5 P. M.					
Dec. 23	42	clear				Feb. 16	40	clear	55	clear	50	clear											
" 24	26	"	44	clear	37	clear	" 17	30	"	55	"	40	"										
" 25	33	cloudy	49	cloudy	45	cloudy	" 18	41	cloudy	52	cloudy												
" 26	42	"	56	clear	49	clear	" 19	39	clear	60	clear	59	clear										
" 27	38	clear	56	"	48	rain	" 20	49	cloudy	60	cloudy	58	cloudy										
" 28	42	rain	48	rain	52	cloudy	" 21	59	rain	63	rain	59	rain										
" 29	42	clear	48	cloudy		"	" 22	50	cloudy	67	clear												
" 30	42	cloudy	48	"		"	" 23	53	"	68	"	64	clear										
" 31	36	rain	38	"	38	"	" 24	61	clear	79	"		"										
1851.						7 A. M.						12 M.						5 P. M.					
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" 2	39	rain	39	rain		" 2	44	"	56	cloudy													
" 3	31	clear 3 in. snow	42	clear	38	clear	" 3	37	"	50	clear	46	clear										
" 4	37	clear	49	"		"	4	26	"	54	"		"										
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" 8	38	"	58	"	59	"	" 8	42	cloudy	50	clear	48	clear										
" 9	48	cloudy	58	rain	55	rain	" 9	32	clear	49	"		"										
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" 11	47	cloudy	56	clear	49	clear	" 11	36	"	58	"	58	"										
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" 13	36	"	54	"	48	"	" 13	39	"	66	"		"										
" 14	28	"	52	"	48	"	" 14	49	cloudy	70	"		"										
" 15	32	"	59	"	48	"	" 15	50	clear	70	"	70	"										
" 16	54	cloudy	62	cloudy	50	"	" 16	58	"	70	"	68	"										
" 17	55	clear	68	clear	50	"	" 17	50	"	65	"	50	"										
" 18	44	cloudy	39	rain		rain	" 18	44	"	58	"	52	"										
" 19	32	"	33	cloudy	33	"	" 19	39	"	57	"	50	"										
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" 21	30	clear	50	clear	44	clear	" 21	33	"	62	"	62	"										
" 22	44	"	60	"		"	" 22	50	cloudy	53	rain		"										
" 23	50	rain	46	rain	44	"	" 23	48	"	62	clear	55	"										
" 24	44	cloudy	52	clear	49	rain	" 24	43	"	61	"	57	"										
" 25	37	clear	58	"	52	clear	" 25	39	clear	66	"	59	"										
" 26	50	cloudy	59	cloudy	57	"	" 26	40	"	70	"	69	"										
" 27	52	clear	59	clear	50	"	" 27	53	"	70	"	68	"										
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" 29	30	"	55	"	50	"	" 29	57	cloudy	68	rain		rain										
" 30	33	"	58	"	48	"	" 30	58	"	70	cloudy	62	"										
" 31	25	"	37	"	32	"	" 31	58	rain	68	rain	62	"										
Feb. 1	30	"	40	"	35	"	Apr. 1	58	cloudy	71	clear	67	cloudy										
" 2	44	"	62	"	55	"	" 2	60	rain	70	rain	62	"										
" 3	55	rain	62	rain	56	"	" 3	54	clear	63	clear	58	"										
" 4	54	cloudy	60	cloudy	55	"	" 4	46	"	65	"	64	clear										
" 5	58	clear	62	clear	55	"	" 5	58	rain	73	cloudy	70	cloudy										
" 6	60	"	65	"	60	"	" 6	59	clear	69	clear	70	clear										
" 7	55	"	62	"	60	"	" 7	50	"	74	cloudy	70	rain										
" 8	60	cloudy	70	cloudy	65	"	" 8	64	rain	66	"	64	clear										
" 9	64	"	68	"	65	"	" 9	43	clear	58	clear	58	"										
" 10	67	rain	65	"	65	"	" 10	44	"	64	"		"										
" 11	50	clear	60	clear	58	"	" 11	51	"	69	"	68	"										
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*Note on the Use of the new local Anæsthetic.* By T. D. MÜTTER, M. D., Professor of Surgery in Jefferson Medical College, Philadelphia.

I am indebted to my friend Mr. Barnet Phillips, of Philadelphia, for a specimen of the new local anæsthetic, known to us by the several terms, "Eau Hollandaise," "Chlorure of the oil of the Dutch Chemists," and "Ether chlorohydrique chloré."

Mr. Phillips is now the *chief director* in the great establishment of Pelletier of Paris, and his high reputation as a manufacturing chemist, is a sufficient guarantee that the article sent is pure, and of the first quality.

Prepared, by the reports contained in some of the French journals, to find in this agent the much looked for *efficient* yet *harmless* local anæsthetic, I must confess that my disappointment was great when I discovered, by some experiments, that, in my hands at least, it failed to accomplish the object for which it was applied.

The local impression, indeed, was not greater than that produced by *chloroform*, and by no means so decided as that occasioned by *ice*.

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*"Proposition to establish a Lectureship on Dental Surgery in Medical Colleges."*

The suggestions published under this head, have, as I might naturally expect, attracted the notice and met the condemnation of the "Journal of Dental Science," whose senior Editor is the "Professor of Principles and Practice" in the Baltimore College of Dental Surgery; and while I desire that the merits or value of my proposition, to the community and to the profession, may be fairly judged by the parties truly concerned in its utility or otherwise, I design to take only such part in the discussions it may provoke, as seems necessary to make myself understood. This duty performed, I leave the proposal, be it what it may, to take care of itself, with no more vanity, interest, or ambition about its adoption than becomes a plain man, when he honestly contributes his thoughts with the hope of being useful.



I imagined that any one at all familiar with the subject, on reading the paper referred to, would perceive that it did not attempt to set forth *the manner* in which the plan is to be carried out; justly leaving this to be taken into consideration by Trustees and Medical Faculties—“*in such form as may seem most proper to their own judgments.*” But the absence of details or “reasons” from me, by which to prove the practicability of my proposition, appears to be considered by the Professor as *prima facie* evidence that it is impracticable. It is very true I did not deem it necessary to give reasons “*showing that Dental Surgery could be taught by an adjunct Professor equally as well as by five instructors, who are now found necessary:*” it will be for the Trustees of medical colleges to determine these questions, should they see fit, to inquire through the medium of competent and disinterested testimony, how far the proposed Lectureship would answer the objects contemplated, or whether it would be advantageous to the public, and consistent with the best medical and dental education.

There is no language of mine from which the Professor could rightly infer the thoughts he attributed to me, when he says:—“*Yet Dr. Gardette thinks that all this work can be done equally as well by an adjunct Professor, who shall be attached to the Medical Faculty, lecturing when they will give him an opportunity—to students when they will give him a hearing.*” I neither think nor expressed any such absurdity; the *work* to be done by a dental student I said nothing about, but am of opinion it should be executed in the office or laboratory, and under the superintendence of his private preceptor, and it is there that careful, judicious operators will be made, whether they listen to Lectures in Medical or Dental Colleges.

I have suggested no scheme “*according*” to which all the medical students must be instructed in dentistry, nor have I said that “*dental students are to be thoroughly instructed in all the branches of medicine.*” The abstracted Professor, I must suppose, imagines these statements, (I certainly did not make them,) for the mere sake of pointing out their erroneous character; and by means of these suppositious facts he makes for me the following arithmetical calculation:—“*In four months he would lecture about a hundred times; or during a hundred hours, being divided*

*into working days, would give ten days entire to dentistry ; in which time all necessary information is to be imparted—all necessary skill acquired.*" To attribute opinions so perfectly and ridiculously ignorant to me, seems anything but consistent with the expressions of regard or just claims to respect, with which the Professor opens his review. I am at a loss to explain so absolute an incongruity, unless by supposing that my "*strange and startling proposition*" produced consternation in the Professor's mind, in the midst of which he seems to have mistaken me for a Dental College; a singular mistake, but which affords the only mode of interpreting the term "*suicidal*" which he applies to my proposition, reproaching me with making it "*at a most unfortunate time*" for Dental Colleges, and endeavoring to show that its influence was fatal to *their* growing prospects.

Now with reference to the supposed injury done to Dental Colleges by my suggestions, the Professor indulges in long lamentations about the "*past degradation*" of the Dentist's profession—his "*sullen and fretful isolation*"—when "*all was dark and hopeless.*" In these strains, my good friend is more poetical than precise or historical ; and I cannot subscribe to this and much similar clamor, by which one is to suppose that Dentists and Dental Surgery were good for nothing at all—had no claim to sympathy or respect, until ten or twelve years ago when a Dental College came into existence. The Professor-Editor seems to forget the lives and labors of valuable men, some of whom are yet among us, while the memories of others are justly cherished by their fellow men, to whom we owe the progress of Dental Surgery in the last forty or fifty years ; it is in vain, if not vanity, to suppose that such professional improvement is the spontaneous growth of the present time, instead of a gradual consequence of individual mind, skill, and example, belonging to the past. Even our humble selves—you and I, my dear Doctor—have done some service in the march of improvement, without having had the benefit of either Lectures (except medical ones) or Dental Colleges : and there are several names we could mention of past and present times, who, without such advantages, have done honor to their profession and the communities of which they were members.

The very term "*profession*," according to the Professor, would seem to have had no existence or application to the Dentist, ex-



cept through the medium of *Professors*; he says, "*at this period, when all was dark and hopeless, (12 years ago!) the idea was conceived of establishing a Dental College, and 'professionalizing' Dental Surgery.*" . . . . . "*A beginning had been made. A profession of Dental Surgery, standing upon its own merits, respected for its own sake, had been recognized in the country.*" The Professor cannot surely and seriously mean to say that the establishment of a Dental College was the *beginning* of Dental Surgery! that the occupation of the Dentist was not "*professionalized,*" or recognized as a *profession*, until embodied and represented by a Professor Dentist in a Dental College!

But to return to the suggested change in that portion of a Dentist's education which may be advantageously pursued in a public school, and which I have taken the liberty to think can be better accomplished through Lectureships in Medical than in Dental Colleges.

To set forth the details and principles that are to govern in any new system or proposed improvement in professional education, is an important and responsible duty; and ere such a suggestion is acted upon by the Trustees of prominent Medical Colleges, they will no doubt carefully examine into the objects and practicability of the measure. With the aid of their Medical Faculty, and men having knowledge and experience as Dentists, they would establish such a curriculum of studies, as would insure the best results; and will not overlook the fact that private instruction in the office of a Dentist of standing, during a period specified (as is required of the medical student) should be among the conditions for graduating.

The Professor is right in supposing I did "*not contemplate that any instruction in practical Dentistry should be given in the Medical Colleges,*" and of course it was from private teaching by a preceptor that I expected this "*essential part of a Dentist's education*" would be obtained; for I think this the *only* mode in which it can be acquired with that degree of judgment and safe manipulation which will command confidence. And yet I can see no good reason why the surgical clinics of our Medical Colleges, (in the event of a Lectureship on Dentistry) should not embrace many operations on the living teeth. Mechanical Dentistry—or making artificial teeth, seems the only branch

excluded of necessity, from Medical Colleges, and this would not be undergoing any great *descent*, as the Professor well knows, should it continue chiefly in the goldsmith's shop.

I can foresee none of the calamitous results to medical character or Dentistry predicted by the learned Professor, in the event of Lectureships on Dental Surgery in Medical Colleges; but on the contrary, I firmly believe that such a connection would tend to elevate the Dentist and his profession, benefit the practice of medical men under many circumstances, and advance the interests of suffering humanity. That many practicing Dentists in our country, are of this opinion, and are not satisfied with the establishment of separate Colleges for Dental Surgery, may naturally be inferred from the complaint of the Professor, that "*If half the students of Dentistry now in the offices of Dentists, should be sent to the Dental Colleges, then would they be able to take rank,*" &c.

It is common with Dentists of high standing, to require of their pupils that they attend medical lectures, and take the degree of M. D.; and this is the case *even since the existence of Dental Colleges*. It may therefore be reasonable to suppose that the Lectureships suggested in Medical Colleges would meet the approbation of the best practising Dentists of the country, and that their students would gladly attend such lectures. I cannot see the wide difference that would exist between C. A. Harris, M. D., Professor of the Principles and Practice of Dental Surgery, in the Washington Medical College, or the University of Pennsylvania, and C. A. Harris, M. D., Professor of Principles and Practice, in the Baltimore College of Dental Surgery. The learning, the industry and eloquence would be the same in both positions; but I think these qualifications would be displayed in the former case to the students *from all the Dentists' offices*, while in the latter, after "*twelve years*" of uphill work, "*endurance and toil*," he complains that "*very few of the educated class of Dentists encourage the undertaking, while very many deride it, and use all their influence to keep students away.*"

The reproach of the Professor that my proposition has been "*made at a most unfortunate time*," is followed by an attempt to show that the Baltimore College had just succeeded; that



"opposition was beginning to grow weaker—sympathy stronger," and that "a few years would bring about a general ascent from degradation." So far as regards the time chosen for giving publicity to my proposition, the Professor is neither just or generous—for the probable influence of such a proposal, if it have any, upon the prosperity of the College, would certainly have been greater when it was in its infancy, than now. Sentiments of respect and kindness for gentlemen connected with, or interested in the first Dental College, and a willingness to see the scheme tried, prompted myself and others to lend it aid and not condemn precipitately.

It has been stated to me (and the Professor says, "*the truth must be told,*") that the Baltimore Dental College has been chiefly sustained thus far in its feeble existence by the talents and influence of its *medical* Professors, and that one of these, who has been the main prop of the Institution, has of late years designed to abandon it as an expensive unsuccessful attempt. This state of things, when added to the Professor's acknowledgment, that less than half the students in Dentists' offices would suffice to make the Dental Colleges prosper, and that in twelve years they had not obtained a sufficient share of that amount of patronage, would seem to render this a fit and proper time to suggest some plan of Dental education that will be more acceptable and more successful.

In conclusion I beg to remark, that I did not expect to be called upon to prove the *practicability* of my proposition; it was its propriety and expediency which I feared might not so readily be established in the minds of those who have thus far neglected the speciality of the Dentist. But if Dentistry is "*a regular branch of medicine,*" (as Professor Bond justly remarks) "*in which relation only it can be regarded as a scientific pursuit, and the practice of it esteemed a profession,*" then the proper place for having its principles taught, is a Medical College, and the proper title or diploma of its representatives should originate from the same source as do those of other branches of medical science. *Dental* College seems scarcely to be the correct name for an Institution mainly sustained and conducted by medical teachers, and until a Faculty can be formed entirely of Dentists, the title no less than the scheme is inappropriate.

The Baltimore Professor says that the plan of Lectureships on Dental Surgery in Medical Colleges "*is not a novel one,*" because "*thirty-five years ago the late Dr. Hayden delivered a course of Lectures on Dental Surgery in the University of Maryland, but the experiment was unsuccessful.*" I take no especial pride in the originality of my proposition, and if in reality a similar one was promulgated by so learned and distinguished a Dentist as the late Dr. Hayden, it is the more worthy of consideration from the Trustees of Medical Colleges.

E. B. GARDETTE.

NOTE.—Since writing the above, some one has kindly sent me a copy of the first number of the "New York Dental Recorder," in which my attention is called to a very sensible communication under the signature of "A." and having for its title, "*An appeal to the Medical Profession in behalf of Dental Science.*" This paper embodies the same thoughts and embraces a plan of Dental education very much the same as that I propose; I had never before seen or heard of the article referred to, and in truth did not know the existence of the Dental Recorder so early in its career. I freely yield to the priority of the writer's suggestion, and only regret that his anonymous character, or the abandonment of his scheme, has denied it the importance and influence to which I think it justly entitled.

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*Mercury by Inhalation.* By H. J. RICHARDS, M. D., Philadelphia.

The following curious fact was communicated to me in conversation recently, and has seemed to me worthy of publication. The recent practice of M. Ricord,—rather the testimony given in his late work, of the efficiency of mercury by *fumigation*—the favor with which it was regarded by Mr. Abernethy, associated with this Indian testimony, all point to a possibility that these methods of exhibition may develop more properties in this important medicinal substance; besides furnishing us with a resource in the method of its administration, that may find its occasion.

I have been informed by a gentleman of intelligence, who has



resided for a long time in China and Manilla, that mercury, which is there regarded as a specific in the severe forms of hepatic disorder incident to the climate, and leading to its employment to an extent that would be considered extravagant by our European notions, is constantly exhibited in the following novel and peculiar manner. The black oxide is introduced into the manilla cheroots, and being inhaled, is thus presented in the form of vapor to the most absorbent surface in the body, speedily manifesting its constitutional effect. The only difficulty existing is the inability of the physician to regulate the amount of effect. By intelligence on the part of the patient, however, this is obviated; whereas its advantages are such as to obtain for it the preference, in many cases, over the ordinary method. *It certainly is a speedy plan of producing salivation.* I mention this fact as it is interesting in itself, and may suggest other applications of the same principle.

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### BIBLIOGRAPHICAL NOTICES.

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*New Remedies: with Formulæ for their administration.* By ROBLEY DUNGLISON, M. D., Professor of the Institutes of Medicine, &c., in the Jefferson Medical College of Philadelphia. *Sixth Edition, with extensive additions.* 8vo. pp. 755. Philadelphia. Lea & Blanchard.

In noticing the sixth edition of so popular a work as the "New Remedies," it is sufficient for us to enumerate the additions which have been made to it since the publication of the fifth edition. "The last few years," as Dr. Dunglison well observes, "have been rich in valuable gifts to Therapeutics;" and in the following list of therapeutical agents, now introduced into the work, will be recognised some of the most valuable and approved remedial resources in actual use:—Adamsonia digitata, Benzoate of Ammonia, Valerianate of Bismuth, Sulphate of Cadmium, Chloroform, Collodion, Cantharidal Collodion, Cotyledon Umbilicus, Sulphuric Ether, Strong Chloric Ether, Compound

Ether, Hura Braziliensis, Iberis Amara, Iodic Acid, Iodide of Chloride of Mercury, Powdered Iron, Citrate of Magnetic Oxide of Iron, Citrate of Iron and Magnesia, Sulphate of Iron and Alumina, Tannate of Iron, Valerianate of Iron, Nitrate of Lead, Lemon Juice, Citrate of Magnesia, Salts of Manganese, Oleum Cadinum, Arsenite of Quinia, Hydriodate of Iron and Quinia, Sanicula Marilandica, and Sumbul.

An Index of Diseases, to which the remedies are applicable, has also been added to this edition, and will be found useful.

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*Report of the Committee on the Statistics of Calculous Disease in Ohio, made to the Ohio State Medical Society.* By E. H. DAVIS, M. D.

This pamphlet presents the results obtained by the author, in an attempt to determine the influence of geological formations in the State of Ohio on the development of calculous diseases. The State of Ohio being nearly equally divided between the blue and cliff limestone formations on the west, and the sandstone or coal-bearing series on the east, affords an excellent field for the accumulation of facts bearing upon this interesting point. Dr. Davis has been able to collect reports from portions of the State, containing rather more than half its population, the average period of observation being fifteen years. They show a striking preponderance of calculous diseases in the limestone region. The proportion of cases here is found to be "1 case per annum to about 60,000 inhabitants," while "in the sandstone and coal series, we have 1 case per annum to 238,000 population, showing the disease to be nearly four times more frequent in the limestone formation than in the coal series."

Dr. Davis is led to infer that the *blue* limestone district is most favorable to the appearance of calculous concretions—although he deems his reports scarcely numerous enough to warrant positive conclusions in this particular. The blue limestone formation of Ohio is the same as that of Lexington, in Kentucky, the residence of Dr. Dudley, who, we believe, has performed the operation of lithotomy some two hundred times—a fact that strongly supports the inference of Dr. Davis as to the comparative frequency of calculous affections in the district in question.



Dr. Davis hopes to be able to extend his valuable statistics on this interesting hygienic question, and invites the fuller cöoperation of the profession both in Ohio and throughout the entire valley of the Mississippi. Communications on the subject are to be hereafter directed to him at New York.

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*Intermarriage, or the mode in which, and the causes why, Beauty, Health and Intellect, result from certain unions, and deformity, disease and insanity, from others. Demonstrated by delineations of the structure and forms and description of the functions and capacities which each parent, in every pair, bestows on children—in conformity with certain natural laws, and by an account of corresponding effects in the breeding of animals. With eight illustrative drawings. By ALEXANDER WALKER. Philadelphia: Lindsay & Blakiston. 1851.*

The lengthy title given above almost serves the purpose of a table of contents to a work, whose main object is the announcement and illustration of a natural law. According to this law, one parent gives to the progeny the forehead and organs of sense, together with the nutritive organs contained within the trunk; while the other gives the backhead and cerebellum, (or organ of the will, as the author calls it,) together with the locomotive organs, comprising the exterior of the trunk and the whole of the limbs.

The author is evidently a careful observer and a profound thinker, and has presented us with a vast amount of information derived both from man and the inferior animals. He has aimed to be useful by pointing out how bodily deformities and mental infirmities may be forestalled; and how marriage among blood relations (which have always appeared to us a violation of the laws of nature) tends to the degeneracy of the offspring. He also shows how, by carefully assorted marriages, the means of improving general organization and beauty of countenance, as well as mental and physical vigor, are, in a great degree, under the control of man; this is familiar to every cattle breeder, who knows that breeding in-and-in, as it is called, is always attended by degeneracy in the offspring. Although not strictly a medical work, we cannot refrain from commending to the perusal of the

profession the little volume of Mr. Walker, as containing much that is valuable in a hygienic point of view.

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*Minor Surgery; or Hints on the Every-day Duties of the Surgeon.* By HENRY H. SMITH, M. D.; Assistant Lecturer on Clinical Surgery in the University of Pennsylvania, &c. &c. Third Edition, with numerous additions; illustrated by 247 engravings. Philadelphia: Barrington & Haswell, 1850.

Readiness and promptitude of action are among the most valuable attributes of the skilful surgeon, one of whose distinguishing characteristics is the dexterity with which he accommodates himself to circumstances, and bends them to his own immediate wants. To all who would obtain these desirable qualifications we commend the little work whose title stands at the head of this notice. It offers itself to the student and practitioner in its third edition, with much additional matter in the shape of descriptions of the duties of assistants at operations; the mode of conducting etherization; the mechanical treatment of club feet; the cure of aneurism by compression; the catoptric diagnosis of cataract; and similar subjects likely to prove of daily utility to the practitioner. It is well printed and handsomely gotten up.

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*Quarterly Summary of the Transactions of the College of Physicians.* Philadelphia; Lippincott, Grambo & Co. Nov. 1850, to Jan., 1851, inclusive, and Jan. to April, 1851, inclusive.

We are pleased to welcome the Transactions in their new dress, as well as to learn that arrangements have been made to give them a more extended circulation. A new series is commenced with the Quarterly No. for January, which will be issued regularly, and may be obtained from the publishers at the low rate of one dollar per annum. The Nos. before us are handsomely printed, and illustrated with lithographic and wood engravings, and contain the medical reports, essays and debates, that occurred during the sessions of the college in the quarter prior to their publication.



*On the Theory and Practice of Midwifery.* By FLEETWOOD CHURCHILL, M. D., M. R. I. A., &c. &c. With notes and addition by D. FRANCIS CONDIE, M. D. Secretary of the College of Physicians, &c. &c. With one hundred and thirty-nine illustrations. A new American from the last improved Dublin Edition. Philadelphia; Blanchard & Lea. 1851.

We take great pleasure in announcing to our readers a new and improved edition of this standard work on obstetrics, made more valuable by the notes and additions of Dr. Condie, whose past experience in this department entitles him, justly, to be heard as an authority. Dr. Churchill's works are so well and so favorably known in this country, as to make more than a bare announcement of a new edition unnecessary. It is gotten up in the usual handsome style of the publishers, and will prove a welcome and faithful friend to the profession.

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*Medical Commencement of the University of Pennsylvania, with a Valedictory Address*, by W. E. HORNER, M. D., Professor of Anatomy; April 5th, 1851.

*Charge to the Graduates of Jefferson Medical College of Philadelphia*, by T. D. MÜTTER, M. D., Professor of Surgery; March 8th, 1851.

*Charge to the Graduates of the Medical Department of Pennsylvania College*, by W. DARRACH, M. D., Professor of the Theory and Practice of Physic; March 6th, 1851.

The season of "commencements" is over, and the flocks of graduates are distributing themselves over the wide spread face of the country, freighted with the good advice and kind wishes of their quondam teachers! What conscientious and upright men they would be, did they but act up to the counsels so lavishly bestowed upon them! But, alas, the "*auri sacra fames*," and the jealousies of professional success, too often make *self* more prominent in the mind, than the great mission on which they have embarked.

Some few extracts from these various addresses, above named, are all that our limited space will allow, but these will serve to show the sageness of the counsel, and the warmth of feeling with which they abound.

"Indolence in the early years of professional life is by all means to be avoided; a pre-occupation of the public attention by seniors and by men of acknowledged skill, will necessarily leave the young practitioner in obscurity and without much reward. Many men are irrevocably discouraged by their deep sense of these disadvantages, and as they cannot get an immediate reward, have not the force of character to labor for the emoluments which come in, only after the expiration of ten or of fifteen years. The difference between individuals is strongly marked in this respect, because there are some who, notwithstanding this tedious postponement, yet consent to labor on, and to do so even diligently, under a strong hope that their reward must at length come. In surveying the state of our profession here, elsewhere in the cities of the United States, and in the largest of cities in Europe, as London and Paris, it will be found that the most distinguished and able members of the time are those choice spirits who in early life devoted days and nights to study; and to threading obscure alleys, the abodes of sickness and of wretched poverty; but having now passed through that probation, they are enjoying all the advantages and dignity of their high calling."

Speaking of the subject of medical education, and the conflict of opinion on this subject, Dr. Horner remarks:

"I am not prophet enough to foresee the final result of this struggle of antagonisms, but I trust it may be propitious to the cause of science. I at least have the consolation of representing here to-day an Institution which, the first in the country in its period of organization, has also led the way in the efforts to advance medical education—and while other institutions decline going counter to a popular current, is herself endeavoring to stem it, and, if possible, to give it a better direction. Whether we are to succeed or to fail in this effort, time has yet to determine. We would cordially invoke a greater number of sister schools to lay aside their fears and to co-operate with us. There will, I have no doubt, be a temporary sacrifice to them, as with us, but most probably an increased benefit will subsequently result. A sense of discrimination by the public may finally prevail, so as to understand that while there are many institutions having the right of issuing diplomas, so there must be other guarantees of proper education besides the mere exhibition of a parchment."

Again, in relation to short courses, and the influence that the profession at large is able to exert upon the community, he justly observes:

"We have heard of a medical education for California. Suited, however, as California may be for rapid growth of every kind, we doubt much whether what may suit California, will also be acceptable everywhere else. Ample as that market may be for doctors of all kinds, it is probable that it will soon be overstocked, and as all who wish an education for it, cannot be accommodated there, the overstock may be in some difficulty to find a congenial soil elsewhere. But, watchful observers exist even there, in the persons of experienced and educated physicians,



who, to a large extent, influence the public mind, and determine more or less upon questions of personal merit."

The following brief notice of himself, as a matter of medical history, possesses interest to all to whom the distinguished author is known :

"With this address I close—a circle of forty courses of lectures in the University of Pennsylvania. The forty years which they represent, have been in every way the eventful ones of my life: they include education, business, wife, children and friends. My connection with this distinguished school was first as a student; your partialities, too little merited, elevated me at an early period of life, to the honorable distinction of a place in its medical faculty. I became finally the successor in full of a Shippen, a Wistar, and a Physick, names too illustrious to need, at the present moment, further notice. I now find myself, though not very old, yet at a period of life when most men may look for retirement at a day not distant; either from the necessities of health, or in view of making place for the deserving who are close upon their steps. As this is moreover the last time in which I am likely, in the regular order of rotation, to perform an office similar to the present, I will take this only opportunity of speaking strongly, but with all respect to you.

"Let me then say, I trust that at no period, either while I am with you, or subsequently, the high principles which have hitherto governed this school may be abated; or that an honor suited only to minds of the higher cast of intelligence, shall be permitted to become a simple commodity, whose price of time and of labor is to be regulated by the freedom with which the supply may come from other quarters. As we have heretofore survived the influence of the latter policy from various directions, ever since my first connection with you, so may you survive it long after I am gone."

The charge of Dr. Mütter is an eloquent exposition of the aids and appliances by means of which success in professional life is most generally obtained: "I mean *honorable* success, for the mere acquisition of notoriety, or the accumulation of fortune, may most readily be reached by the possession of qualities directly the reverse of those with which every conscientious and virtuous physician should be imbued." Among these are enumerated: *a thorough medical education; habits of reasoning and thinking; a reverence for the art; honesty of purpose; discretion, self-respect, self-reliance, industry and perseverance, charity, ambition and patriotism*, all of which are enforced in the glowing language which no one knows better how to use. One sentiment we wish were more generally practiced: "A good rule is to refuse a certificate to every patent medicine or instrument,

for I hold that every honorable physician is bound to make public any discovery calculated to benefit his fellow man."

We have occupied so much space with the extracts given above, that but little is left, except to speak in terms of high commendation of the charge of Dr. Darrach, which urges the importance of other qualifications than mere medical attainments; these are medical discernment, compassion to the sick, medical devotion, and medical liberality. These are the jewels with which the armor of the physician is adorned, in the figurative language of the author. We present our thanks to each and all for the pleasure afforded in the perusal of their several addresses.

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## THE MEDICAL EXAMINER.

PHILADELPHIA, JUNE, 1851.

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[The facts presented in the subjoined statement, have been submitted to us, with a request that we would embody them in an editorial notice, with the assurance that they have the approval of both parties. It affords us much pleasure to comply with this request, and to learn that this correction of unintentional mis-statements terminates a regretted controversy, between gentlemen whose previous relations had been uninterruptedly cordial.—EDS. EXAMINER.]

### EXPLANATIONS AND CORRECTIONS.

Dr. Jackson, in his "Review of the Memorial of Dr. John Bell to the Trustees of the University of Pennsylvania," writing in haste, and under what he felt to be no small provocation, was betrayed into some errors of fact, which it is desirable to correct. These corrections are due, in justice, to Dr. Bell, while, at the same time, they do not touch Dr. Jackson's reputation on any point in previous controversy. They are now made with the knowledge and assent of both these gentlemen.

Dr. Jackson (in his "Review") states that "Dr. Bell was a lecturer for about ten years in the Philadelphia Medical Institute." Dr. Bell was, in fact, a lecturer in that institution dur-



ing an uninterrupted period of *nineteen* years, in addition to *two* years as a member of the Association, before it was organized under the title of the Medical Institute.

Again, it is stated, in the "Review," "He [Dr. Bell] was for some six or eight years a lecturer on the same subject, [the Institutes of Medicine.]" He was, actually, a lecturer on this subject *seventeen* years, not to speak of *two* years antecedently, in which he lectured on Physiology and Hygiene. During sixteen years of this period, he gave, also, lectures on Medical Jurisprudence, in connection with those on the Institutes of Medicine.

Dr. Jackson's memory is at fault, when he alleges that—"Alterations were made in the management of the association [the Medical Institute], in order to favor Dr. Bell and to place him, at a sacrifice to his associates, on a pecuniary footing with themselves." Doctor Jackson's subsequent explanation of this averment is, that "In the first years of the courses of the Institute, the lecturers had the privilege of sending their private students free of charge to the Institute," but that, subsequently, the rule was altered, so as to require the fees of these students to be "paid into the treasury of the Institute and a dividend made equally." Dr. Jackson's recollection of the change, as here represented, is, that it was to favor Dr. Bell, the number of whose students was, Dr. J. thinks, small, "while the other lecturers had numerous pupils."

The change actually made, as we learn by reference to the records of the Institute, was, in requiring each lecturer, who had a private, or as the term, on the records, is, "perpetual" student, to pay into the treasury of the Institute, one hundred dollars, by which he, the student, acquired the privilege of attending all the lectures and examinations in the Institution, during the entire period of his medical studies up to the date of his graduation. Each lecturer was allowed to receive, as before, the fees for three annual students, who entered with him for the year, or who were allotted to him, if they did not make personal application. The other students of the Institute were they who enrolled themselves at the beginning of each scholastic year, and took a ticket, for this period, for the full course, that is for attendance on all the lecturers. The money received for this ticket had always been de-

posited in the treasury for equal division among the lecturers. Whatever may have been the motive for the change in the rule of the Institute, respecting private pupils, it is very certain that the one alleged by Dr. Jackson, could not have been, at all, a determining one. This will be apparent when we state that Dr. Bell was less in a position, at the time, to require any special legislation, in this matter, than most of his associates. The new rule was adopted in March, 1830. Now, the records of the Institute show, that Dr. Bell, in the year preceding, or 1829, had more private pupils, in addition to his three annual ones, than any other member of the Institute except Drs. Chapman and Mitchell. His private pupils, in that year, numbered *four*; those of Dr. Horner, three; of Dr. Dewees, two; of Dr. Jackson, two, and of Dr. Thomas Harris, one. Dr. Hodge does not appear to have had any. In the year 1828, Dr. Bell had *five* private pupils—Dr. Dewees, none.

There were great fluctuations in the number of private pupils, from year to year, in the offices of the different lecturers. It was thought that there might be more equality established for all, in this matter, and hence the new rule, which continued in operation to the time when the Institute was dissolved; with the modification, in later years, of requiring only seventy dollars from a lecturer for his private pupil; no engagement being made for winter examinations as before.

No favor was ever asked by Dr. Bell from his associates in the Institute, nor was any ever conceded to him, by these gentlemen, in the way of lightening his labors. The change in his position as a lecturer in the Medical Institute, three years before the association was dissolved, may be adverted to on the the present occasion. It was made at the request of Dr. Jackson and for his convenience. It consisted in Dr. Jackson's taking the *Institutes of Medicine*, and Dr. Bell *Materia Medica and Therapeutics*, so as, thereby, to allow of the former of these gentlemen to continue without interruption, during the summer session of the Institute, the lectures and their associated reading and study, in which he was engaged during the winter, in the University.

Dr. Bell acceded to Dr. Jackson's request, although, from its having been made only about a month before the opening of the lecture



session of the Medical Institute, he would be placed at a great disadvantage in beginning a course of lectures on a new subject, without time for preparation. It so turned out, however, that Dr. Bell succeeded in obtaining the approbation of the students and of other occasional auditors, who attended his lectures on *Materia Medica* and *Therapeutics*—during the three years which preceded the dissolution of the Institute, as it was then organized. The broad assertion in the “*Review*,” that, “During the whole period, Dr. Bell was attended by a mere fraction of the class,” must be met by direct denial. If ever applicable, it could only have been so during the time when Dr. Gerhard gave clinical lectures in the Blockley Hospital. Dr. G.’s hour was that of Dr. Bell’s lecture, and the students very naturally preferred clinical to didactic instruction.

On this point, it is but justice to Dr. Bell to say, that, in the year 1837, he received an offer of the Chair of the Practice of Medicine in the University of Transylvania. The offer was made to him by a member of the Faculty of that school, immediately after the latter had heard Dr. Bell give a lecture, (one of his regular series,) in the Medical Institute. The Transylvania professor was, himself, of the highly rhetorical school of lecturing, and his manner, in this respect, must have been in strong contrast with the plain style of composition and delivery of Dr. Bell.

At a subsequent period, Dr. Bell received an offer, on the part of the Faculty of Franklin Medical College, of Philadelphia, of the Chair of the Practice of Medicine in that Institution, which had been left vacant by the resignation of Dr. Clymer. The fact is noted here, because two of the professors of the college had been associates of Dr. Bell in the Medical Institute.

Dr. Jackson, after making the general assertion, already disposed of, that Dr. Bell had been specially favored by his associates in the Institute, at a pecuniary sacrifice to them, adds: “At last those who had the most work to do found the compensation so trifling, that the organization of the institution was dissolved.” The fact of dissolution and its chief cause are correctly stated; but if we were to ask,—who had the most to do? the reply must necessarily be, Dr. Bell, inasmuch as he was the only member of the Institute, at the time, who had not an assistant to lighten his labors. In the last session of the Institute,

there were no less than thirteen gentlemen engaged in teaching its several branches—seven in number. Even were we to suppose a deficiency on the part of any one of the original seven lecturers, this would be compensated by the numerous assistants or adjuncts, some of them of marked ability, all of them fully competent to perform their share of the duties assigned to them.

The gradual decline of the Institute classes may have been produced by various causes. The most obvious one was the diminished interest which the Professors of the University, who constituted a majority of the associated lecturers, took in the Institute; as evinced by the fact of their failing to give the same time and attention to it, which they had given in its more flourishing days. We cannot be accused of detracting from the merits and zeal of those gentlemen who were associated with the Professors in the business of summer teaching, when we express our belief, that the great attraction for the students who enrolled themselves in the Institute classes, was the privilege of hearing these latter repeat and enlarge on their winter lectures. The students believed that by this means they would, as, in fact, they did, obtain increased facilities for reaching the doctorate with credit. In making this remark, we would not have it implied that we advocate a participation in summer teaching by the Faculty, or members of the Faculty, of any regularly incorporated Medical College, in which a winter session is held.

On another topic Dr. Jackson has allowed himself to make a grave charge against Dr. Bell. When speaking of the latter as "ambitious of the reputation of authorship," Dr. Jackson says: "But when the principal alteration and addition consists in the erasure of the author's name on the title page, and the substitution of his own, some other appellation might be given to the act." Dr. Jackson could not have seen the work to which we supposed, and now know, he refers; and he must, we are sure, deeply regret that he has been betrayed into so serious an accusation against another person, without his having assured himself that there were, at least, some grounds for making it.

There is only one work under Dr. Bell's name, the title of which makes a near approach to that of another author. It is the *Practical Dictionary of Materia Medica*. Mr. Brande's work bears the title of *Dictionary of Materia Medica and Practical Pharmacy*.



The title page of Dr. Bell's volume exhibits, quite conspicuously, an acknowledgment of its being on the basis of Mr. Brande's. Hence, at the very first glance, the reader is apprised of the source from which the American author might be supposed to derive his chief materials. But, a still more precise and comprehensive explanation, on this point, is given by Dr. Bell in the Preface, in which, also, he assigns the reasons why Mr. Brande's name could not be retained on the title page, without positive injustice to this gentleman. Dr. Bell made, not only many curtailments of the English work, but, also, many additions, and, still more, organic changes in it, so that its chief features were greatly altered.

The additions made by Dr. Bell, as stated in his Preface, "are interwoven, in nearly every article, with the summaries of Mr. Brande; and often, without their taking up much additional space, they give a different complexion to the opinions which he had advanced, but one which is more in consonance with clinical experience. Some articles which had a place in the English work have been replaced, on account of their meagreness and incompleteness, by other more extended ones, prepared by myself. Of these I may mention *Emetics*, *Emmenagogues*, *Epispastics*, *Hirudo*, and *Iodinum*, including under this latter the combinations of iodine with *carbon*, *sulphur*, *arsenic*, and *mercury* and *arsenic*, none of which were noticed by Mr. Brande. To the articles under the heads of *Antimony*, *Ferrum*, *Plumbum* and *Zincum*, the additions have been considerable, either in their novelty or amount, as compared with the original copy. Quite a different view of the therapeutical powers of antimony is given from that advanced by Mr. Brande. Neither the *lactate of iron*, nor the *carbonate*, nor *iodide of zinc*, was mentioned by him; and the remarks on the disease caused by the poisoning of lead, belong to the American work." Among the additions introduced by Dr. Bell, are twenty-eight articles of the indigenous *Materia Medica* of the United States.

While specifying the retrenchments which he made, such as of chemical details, diagrams, and of botanical descriptions of plants and their ultimate analysis, Dr. Bell takes care to point out to the reader in what respects his work is on the basis of Mr. Brande's, and to indicate the subjects retained, including

the extracts from Dr. Paris's *Pharmacologia*, and Dr. A. T. Thomson's *London Dispensatory*, which had been freely introduced into the English volume.

The Dictionary was brought out by Dr. Bell with less preparation that would otherwise have been given to it, owing to his having announced Mr. Brande's volume for publication in his *Select Medical Library*, on the strength of the interest of the subject, and the reputation of the author. When, however, he had an opportunity of perusing Mr. B.'s work, he soon saw that it would not answer; but as there was no other volume at hand to meet the requirements of the case, viz., republication at an early given date, he set about making what he deemed either necessary or desirable changes, and, in a measure, reconstruction, within the very short period allowed him for the purpose.

Were Dr. Bell not desirous of preventing farther controversy, he might retort, with some force and point, on Dr. Jackson, for the harsh strictures in which the latter has indulged in his "Review." But he forbears, under a belief, we might add, an assurance, that the feelings which prompted these strictures are no longer entertained; and he himself has no wish to yield to similar ones. With this understanding, and the explanations and corrections now made, Drs. Bell and Jackson are willing to let things take their old course.

May 19th, 1851.

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DEATH OF SAMUEL GEORGE MORTON, M. D.

It is with the greatest regret that we record the death of SAMUEL GEORGE MORTON, M. D., which took place in this city, on the 15th of May last. Although in feeble health for many years past, and evidently holding life by a very slight tenure, Dr. Morton was in the discharge of his ordinary professional duties, up to the period of his last illness, which was of only four days' duration. His final attack was of an apoplectic nature; but he had long labored under considerable disease of the lungs and heart, as will be seen from the autopsy, appended to our notice, for the details of which we are indebted to Dr. Neill.

The death of Dr. Morton deprives our profession of one of its most distinguished members, and abruptly terminates a scientific career, which had become one of the brightest illustrations of our country. His reputation as a naturalist was diffused throughout the world, and we believe that no cotemporaneous American name was better known abroad than



his. His loss, in every respect to be lamented, will be particularly felt in the department of natural history, in which he was prosecuting the most interesting researches, when thus prematurely cut off, at the age of fifty-two, in the prime of mental vigor and usefulness. In the relations of private life, no one ever conciliated more universal esteem and affection than Dr. Morton. He passed through the world, literally without an enemy, beloved and respected in all circles, everywhere deservedly regarded as one of the most amiable and irreproachable of men.

Dr. Morton was a native of Philadelphia, but, we learn, passed a portion of his youth in New York. He pursued his medical studies in the University of Pennsylvania, and in the office of the late Dr. Parrish. After graduating in the University of Pennsylvania, he spent several years in Europe, and received a second degree from the University of Edinburgh.

Returning to his native city, Dr. Morton rapidly passed into extensive practice, and, up to the time of his death, enjoyed a popularity second to none among the practitioners of Philadelphia. To the literature of his profession he made numerous valuable contributions. In 1835 he edited Mackintosh's *Practice of Physic*, which went through three subsequent editions; in 1833 he published an excellent original work on *Consumption*; and in 1849 an elaborate work on *Anatomy*.

Dr. Morton was for many years engaged as a teacher of medicine, and always ranked among our best lecturers. He gave several clinical courses in the Philadelphia Almshouse Hospital, and was Professor of *Anatomy* in the original organization of the Pennsylvania Medical College.

With this assiduous and unfaltering devotion to strictly professional avocations, Dr. Morton combined an enthusiastic and earnest pursuit of natural history, which earned for him a European reputation, and gave many splendid results to science. His first scientific publication was a work on the *Fossils of the Cretaceous Group*, in which, we believe, he described every example that has been found in N. America.

As far back as twenty years ago, he commenced collecting the materials, which he eventually embodied in the *Crania Americana*, the first work of the kind ever produced. This great work, published in 1839, immediately placed the author in the foremost rank among the cultivators of natural science, and was received throughout the world as a most valuable original contribution to ethnology. Its full importance is yet to be appreciated. At present it stands almost isolated; and its real value can be developed only when other races of men are studied and tabulated on a similar plan, and a comparison of the averages afforded,

enables us to determine the characteristic differences between the various races.

Dr. Morton spent many years upon the *Crania Americana*, and so careful was he to produce it free from inaccuracy, that, after the elaborate tables had been nearly completed—upon Mr. George Combe's pointing out a slight error in the starting point from which the measurements had been made—a new series was at once commenced, and carried through on the corrected method.

The *Crania Egyptiaca* followed the *Americana*. The presence of the integuments, however, and the bituminized condition of the crania, prevented any definite series of measurements.

The subject of hybridity occupied much of Dr. Morton's attention in the latter period of his life. At the time of his death he was pursuing his inquiries in several interesting and hitherto unexplored channels, connected with this important branch of natural history; and he had already collected a vast number of facts, and reached the solution of many obscure and previously unnoticed points. In this course of investigation, he was led into a close examination of the specific characters of the wolves of N. America, and the results of the crosses between the different species of wolves and the imported dogs,—a thread of inquiry which we know was developing most valuable conclusions in the highest walks of natural science.

In the midst of these absorbing scientific and professional labors, Dr. Morton found time to indulge a taste for poetry; and his occasional effusions show that he united a fine imagination, and refined appreciation of the beautiful, with his more solid powers and attainments. And all these noble intellectual qualities were graced with the crowning attractions of a most unaffected bearing, the gentlest manners, and a genuine cordiality and kindness of disposition!

At the time of his death, Dr. Morton was President of the Academy of Natural Sciences, of which he had been a leading member for thirty years. He was also a Fellow of the College of Physicians, of the American Philosophical Society, and of numerous other learned societies, at home and abroad. The various associations with which he was connected in Philadelphia, united in every possible tribute of respect to his memory.

*Post Mortem Examination of Dr. Samuel G. Morton.*

On the day previous to his death, Dr. Morton was considered convalescent from an indisposition which his physicians had not supposed to be dangerous or alarming.

About the middle of the same day, a tendency to stupor was noticed, which gradually increased, and terminated in paralysis and death.

Present—Drs. Rodman, Beesley, Wistar, Pepper, McClellan and Neill.



*Heart.*—The symptoms immediately preceding death, directed attention particularly to the condition of the brain, it being supposed that effusion had taken place in that organ. The arachnoid had lost its transparency, and no fluid was found in its cavity, but there was considerable serous effusion in the sub-arachnoid cellular tissue.

The pia-mater was very much congested, particularly on the left side, and from its vessels blood had been extravasated in several places. The basilar and vertebral arteries contained venous blood. Two small clots were found very nearly in similar positions upon the superior surface of each hemisphere; the anterior clot was the larger upon either side, and rested upon the upper surface of the anterior lobe. It consisted of about one drachm of blood, and had assumed the form of the sulci, into which it had insinuated itself. The brain itself was large and symmetrical. Its substance was firm and natural in every respect. The choroid plexus was equally congested with the pia-mater. Very little fluid was found in the ventricles.

*Thorax.*—The pericardium contained the usual amount of serum, and presented no appearance of disease.

The heart was large and flabby, and its tissue was pallid and somewhat softened. The cavities generally were dilated; the parietes of those of the right side were particularly thin, and contained some fibrinous clots. The ostium venosum of the right side was enlarged to such a degree that it could not have been closed by the tricuspid valve. The mitral valve was much thickened by soft fibrinous yellow deposit.

The arch of the aorta was dilated, and had some small patches of atheromatous matter deposited upon its internal surface.

The left lung was entirely useless for the purposes of respiration. It was contracted to a very great degree, and occupied but a small space in the upper portion of the thorax, where it was firmly bound down by the adhesion of the costal and pulmonary pleura, by which the cavity of the pleura was entirely destroyed. The congestion of the lung was so great, that it appeared dark-colored and solidified, although it contained sufficient air to make it float in water.

The right lung, which was unusually large, was congested and adherent to the walls of the thorax by adventitious bands of an old formation. The cavity of the pleura contained about a half pint of bloody fluid, probably the result of post-mortem changes.

These adhesions of the left pleura, and the contraction of the left lung were produced by an inflammatory affection of these organs, which occurred a few years since.

*Abdomen.*—The spleen was enlarged and very much congested. The tissue was so soft and pulpy that it readily yielded to pressure by the finger.

The liver was natural. The alimentary canal was not examined.

It can readily be understood from the above facts, that the immediate cause of Dr. Morton's death was *meningeal apoplexy*, resulting from that disturbance of the circulation which was manifested by the engorgement of the blood-vessels of the brain and lungs, but which was produced by dilatation of the heart.

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AMERICAN MEDICAL ASSOCIATION, PRIZE ESSAY.

The committee, appointed under the resolution appended to the report on medical literature for 1849–50, have awarded the prize of *one hundred dollars, or a gold medal of equal value*, to DR. J. C. DALTON, of Boston, for his essay "*On the Corpus Luteum of Menstruation and Pregnancy.*"

FRANCIS G. SMITH, M. D., *Chairman.*

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PROFESSOR MÜTTER sailed for Europe on the 24th of May, with the intention of spending the summer months abroad. We hope to receive from him an occasional letter for our columns.

SIXTH MEETING OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS  
OF AMERICAN INSTITUTIONS FOR THE INSANE.

This body met in Philadelphia, in the hall of the American Philosophical Society, on Monday, May 19th. It first met in Philadelphia in 1844, and is composed of the medical superintendents of the various institutions for the insane on this continent, and of those who have been so, and have attended meetings of the Association while in office. It has since held meetings in Washington, New York, Utica, Boston, and now again in Philadelphia.

It holds annual meetings, and examines critically any institutions for the insane, near its place of meeting, if invited by the proper authorities.

Its objects are to improve and advance the treatment of the insane; secure more extensive provision for all classes and a better style of buildings, and internal arrangements; and to make all the medical officers familiar with the results and modes of treatment of our best institutions.

The interest in the Association is on the increase, and it has already effected much good, with promise of future usefulness.

Thirty of the institutions in the U. S. and British Provinces are now connected with the Association, and it seems probable that, in a little time, no well conducted institution will be satisfied without having a representative at its meetings.

The following members were present,—Dr. Ray, of Butler Hospital, R. I.; Dr. Chandler, of Mass. State Hospital; Dr. Cutter, of Pepperill Institution, Mass.; Dr. Butler, of Hartford Retreat; Dr. Benedict, of N. York State Hospital; Dr. Earle, late of Bloomingdale Asylum, N. Y.; Dr. Nichols, of Bloomingdale Asylum, N. Y.; Dr. Ranney, of Blackwell's Island Hospital, N. Y.; Dr. Buttolph, of N. J. State Hospital; Dr. Kirkbride, of the Pa. Hospital for the Insane; Dr. Worthington, of Friends' Asylum, Pa.; Dr. Haines, of Philadelphia Lunatic Hospital, Blockley; Dr. Curwen, of Pa. State Lunatic Hospital; Dr. Fonerden, of Maryland Hospital; Dr. Parker, of South Carolina State Hospital; Dr. Hanbury Smith, of Ohio State Hospital; Dr. Patterson, of Indiana State Hospital; Dr. Higgins, of Illinois State Hospital; Dr. Jarvis, of Dorchester private institution; Dr. Smith, of Missouri State Hospital; Dr. Stokes, of Mount Hope Hospital, Ind.; and Dr. Morrin, of Quebec (Canada) Lunatic Asylum. Representatives from the Boards of Managers of several Institutions for the Insane were also present.

Invitations were received from the officers of the Mint, Blind Asylum, Deaf and Dumb, and Friends' Asylums, Pennsylvania Hospital, Pennsylvania Hospital for the Insane, Athenæum, &c.

In the absence of the President (Dr. Wm. M. Ayl), Dr. Parker, of S. C., was appointed temporary chairman.

The permanent officers elected were as follows:—Dr. Luther V. Bell, of Mass., President; Dr. Isaac Ray, of R. I., Vice-President; Dr. Thos.



S. Kirkbride, of Pa., Secretary and Treasurer. Owing to the absence of Dr. Bell, Dr. Ray presided.

Dr. Awl having resigned his place, complimentary resolutions were passed, expressive of regret, and a high appreciation of his long and valued services among the insane.

A number of papers of importance were read during the session, which elicited much discussion; several of these will be published. Among them was one by Dr. Galt, on treating insane patients in buildings where there are those afflicted with other diseases. One on the use of stramonium in the treatment of insanity, by Dr. Cutter. One by Dr. Curwen, containing a manual for the use of attendants in Hospitals for the Insane. A valuable and important paper, on the course to be pursued by medical witnesses when called into Court, was read by Dr. Ray, and ordered to be published, at the special request of the Association, as containing the sentiments of the Association on the subject.

Dr. Earle read an account of many European institutions, not generally known in this country, and visited by him two years ago.

Dr. Kirkbride, from the Standing Committee on the construction of Hospitals for the Insane, read a report, embracing 27 propositions, on the subject, which were fully endorsed by the Association, and will be published in our next number, as the sentiments of the body. Dr. Morrin read a paper on Typho Mania; Dr. Chandler one on restricting Hospitals to receiving patients of one sex only. Dr. Nichols presented a paper, prepared by Dr. Williams, of N. Y., on Typho Mania; Dr. Jarvis one on the supposed increase of insanity; Dr. Kirkbride one on the best arrangements for kitchen, laundry, bakehouse, &c., in hospitals for the insane; Dr. Haines one on the warming and ventilating of Blockley Hospital.

Dr. Chandler read, agreeably to appointment, an obituary notice of the late Samuel B. Woodward, M. D., first President of the Association, and Dr. Nichols, one of Amariah Brigham, M. D., one of its Vice Presidents. These were highly interesting and will be published in the proceedings of the Association.

During the stay of the Association in Philadelphia, it was most courteously treated, and visited and examined critically the Pennsylvania Hospital for the Insane, under Dr. Kirkbride; Friends' Asylum, under Drs. Worthington and Evans; and Blockley Hospital, under Dr. Haines. The sentiments of the Association in reference to them are recorded in the following resolutions unanimously adopted, viz:

*Resolved*, That the members of this Association have visited and inspected the Pennsylvania Hospital for the Insane, under the care of Dr. Kirkbride, as well as the parent institution in the city of Philadelphia, with great interest and satisfaction, recognizing in both abundant evidence of the well directed benevolence to which they owe their origin, and feeling convinced that, if not unequalled, they are at least unexcelled.

*Resolved*, That upon a close inspection of the Friends' Asylum for the Insane, near Frankford, under the care of Drs. Evans and Worthing-

ton, the Association has much pleasure in testifying to the excellent condition in which they found that well conducted and now venerable institution.

*Resolved*, That the visit of the members of the Association to the Blockley Hospital and Lunatic Asylum, under the medical care of Dr. Haines has afforded them an opportunity of avowing their conviction that this establishment occupies a prominent position among the great charities which are the glory of Philadelphia. The cleanliness and comfort of its spacious apartments, the classification, order and freedom from restraint of its insane inmates, are commendable, and in all that relates to the supply of water, warmth, ventilation and drainage, this institution is not only in advance of similar pauper establishments, but even of some of our State Hospitals.

*Resolved*, That while the Association finds so much to admire and commend in this institution, and approvingly observes the astonishing improvements effected since its last meeting in this city, six years ago, it feels free to remind the Board of Guardians of its well known opinions on the importance of providing labor and spacious and constantly and readily accessible grounds for exercise for the Insane; especially as the institution possesses abundant means of accomplishing such advisable improvements in the extensive grounds and beautiful gardens connected with it.

*Resolved*, That our thanks are especially due to the Board of Managers and Guardians of all the Institutions above mentioned for their personal attentions and kindness shown us, on the occasion of the visit of inspection to which reference has just been made, as well as at other times, and for other proffered privileges of which want of time has prevented our availing ourselves.

*Resolved*, That our thanks are due and are hereby tendered to the President and Directors of the Girard College for Orphans, for the liberal manner in which the Association was entertained during its visit to every part of that magnificent and admirably conducted institution.

*Resolved*, That the Association returns its warmest thanks to Dr. R. M. Patterson, Director, and Franklin Peale, Esq., Chief Coiner of the U. S. Mint, for the highly appreciated privilege afforded us of inspecting every part of this establishment, justly renowned for the elegance and perfection of its machinery and arrangements, and for the admirable manner in which it is conducted.

*Resolved*, That the Association gratefully acknowledges the liberality and kindness which prompted the American Philosophical Society to tender the use of its hall for the meetings of the Association, and the use of which places us under special obligations to that body.

*Resolved*, That the thanks of the Association are also due to the Managers of the Pennsylvania Hospital for the offer of their beautiful Library Room for the meetings of the Association; to the officers of the Academy of Natural Sciences, for the privilege of making a very gratifying visit to that valuable institution; to the officers of the Pennsylvania Institution for the Instruction of the Blind; of the Pennsylvania Insti-



tution for the Deaf and Dumb; of the Athenæum, and of the University of Pennsylvania, for their courteous invitations to visit those institutions, which want of time alone prevented our accepting.

*Resolved*, That the Secretary be requested to furnish the daily papers of Philadelphia, with a copy of these resolutions for publication.

They also in a body visited several other public institutions.

Various important resolutions were adopted—among them were, one in reference to the proper provision for the insane poor; one on the effects of early education in producing insanity; and one relating to Miss Dix and her land bill.

Dr. Kirkbride resigned the post of Secretary to which Dr. Buttolph was appointed.

The committee for reporting the time and place of the next meeting, reported in favor of New York city, on the 3d Tuesday of May, 1852, which was affirmed by the Association.

Dr. Nichols, of New York, submitted a series of resolutions, tendering the acknowledgments of the Association to the different scientific and humane institutions of Philadelphia for their kindness and courtesy.

A resolution was adopted tendering thanks to Dr. Ray for the manner in which he had presided and discharged his duties.

Another resolution was passed, regretting the resignation of Dr. Kirkbride, and complimenting him upon the faithful performance of his duty.

A committee, consisting of Dr. Bell, chairman, and Drs. Haines and Smith, were appointed to report at the next meeting upon the subject of heating and ventilating.

Dr. Benedict offered a resolution to publish the proceedings of the Association in the Journal of Insanity and other journals.

Dr. Ray read a few remarks in reference to the reception of the Association in this city.

Dr. Bell made some remarks in relation to the organization of the Association in 1844; the doubts then entertained of its ability to sustain itself; and its increasing and now triumphant success.

At 12 o'clock M., the Association adjourned, *sine die*, May 23.

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#### PENNSYLVANIA STATE MEDICAL SOCIETY.

The Annual Meeting of this body, composed of delegates from all the County Medical Societies in the State, was held in Philadelphia on Wednesday morning, 28th May, at eleven o'clock, in the Hall of the American Philosophical Society, south Fifth street, below Chestnut; the President, Dr. Wilmer Worthington, of Chester County, being in the chair. Drs. Patterson and Kerfoot, the Secretaries of the Society, having handed in their resignations, Drs. Remington and Morris were appointed to fill the vacancies. On motion of Dr. Jewell, Surgeons of the Army and Navy, and physicians of other States, now in the city, were invited to be present at the sittings of the Society.

The hours of sitting were fixed as follows: From 10 o'clock, A. M., to 2, P. M., and 5 to 7, P. M.

The following committee was appointed to nominate officers for the ensuing year:—Dr. Kerfoot, of Lancaster Co.; Dr. I. R. Walker, of

Chester; Dr. John Bascomb, of Mercer; Dr. J. H. Case, of Perry; Dr. C. D. Gloninger, of Lebanon; Dr. Elwood Harvey, of Delaware; Dr. Peter Nagle, of Berks; Dr. R. E. James, of Northampton; Dr. Joseph B. Ard, of Mifflin; Dr. James H. Stuart, of Erie; Dr. J. M. Gemmill, of Huntingdon; Dr. J. B. Rose, of Blair; Dr. E. Chichester, of Schuylkill; Dr. C. S. Baker, of Bucks; Dr. T. F. Betton, of Philadelphia county; Dr. H. Corson, of Montgomery; and Dr. James W. Kerr, of York. The Society adjourned at 2 o'clock, and reassembled at 5 P. M.

During the afternoon session, Dr. Hays presented reports from various county Medical Societies throughout the State, conveying information which was called for by the action of the State Society. The reports from Berks, Huntingdon and Blair counties embodied interesting accounts of the medical topography of these counties. The report from Blair also contained a variety of statistics of that county, as well as a list of the members of the County Society. The report states that there are eleven regular and thirteen irregular practitioners in that county. The Chester county report gave a history of the County Medical Society, and stated the number of members at forty. The Erie report complained of the opposition to the Society manifested in the county by several physicians of standing, and of the prejudice they had excited in the public mind against the movement. The Mercer report stated the number of members of the County Society at 22, and added that the number of irregular practitioners in the county was much larger, including homœopathists, hydropathists, Indian doctors, &c. The Huntingdon County Society stated in their report that there are 34 regular physicians in that county, besides 4 Thompsonians, and one homœopathist. In Northampton there are also 37 regular physicians, but there are 17 irregulars, of whom 9 are homœopathists. In Berks county there are about 68 practitioners of all kinds, 40 being regulars, and from 28 to 32 irregulars. The Delaware County Society reports a list of its members.

Dr. Isaac Parrish presented an interesting report on epidemics, embodying some valuable information obtained from Philadelphia and the adjacent counties, the reading of which was postponed.

Dr. Condie, from the committee on the subject, reported that a bill for the registration of births, marriages, and deaths, was passed by the Legislature at its last session, but that it had not yet received the signature of the Governor. In view of the latter fact, the report urged the passage of a resolution requesting the Governor to sign the bill. A motion being made that this resolution be passed, quite an animated debate sprang up relative to the merits of the bill.

Dr. Jewell stated that he had been informed that the Governor objected to some of the provisions of the bill, and that he would not sign it, inasmuch as those provisions would render it a dead letter upon the statute book. Dr. C. W. Parrish, of Chester county, strongly objected to the bill on the ground that its provisions imposed an onerous burthen upon the physicians who resided in rural districts, and one which it would be impossible to fulfil according to the strict letter of the law. Dr. Parrish also argued that the



phraseology of the bill was loose, untechnical, and inefficient, and said that he was glad to hear that the Governor would not sign the bill.

Dr. Condie, in defending the bill, said that, although this bill is objectionable, yet it ought to be accepted, because it would be very difficult indeed to procure the passage of another. He said that the entire project of registration had encountered the opposition of many physicians in western Pennsylvania, on the ground that it was unnecessary, and calculated to excite prejudice against the medical profession. The Doctor further stated that in the lower house of the Legislature, on a motion to refer the bill to a committee, every physician who was a member voted against it. Dr. Parrish, of Chester, stated that many gentlemen of that county were strongly opposed to the bill, and purposed getting up an agitation for its repeal if it received the Governor's signature. Pending the discussion, the Convention adjourned.

The Society decided to meet for the future in Sansom St. Hall, where ample accommodations were found for the delegates and the large auditory that was in attendance.

*Thursday, May 29th.*—The Society re-assembled at the Sansom street Hall.

The discussion on the subject of the registration of births, marriages and deaths was resumed, the question being on the passage of Dr. Condie's resolution. Dr. Atlee, of Lancaster, defended the bill, and urged that its signature should be favored; because, if it were incomplete, it could afterwards be amended. He said that he had no doubt that, if the Governor did sign the bill, it would be used as a ground of violent political opposition in the impending campaign. He added, that the Governor was an intelligent and liberal minded man, and he relied upon him to do justice to the subject after the canvass was finished.

Dr. Burroughs, of Lancaster, said that he had been opposed to the bill on account of its imperfections; but this opinion had been shaken by conversation with some of its friends. He, however, was still of opinion that if the bill, in its present imperfect state, received the signature of the Governor, under the recommendation of this Society, the latter fact would be used as an argument against its emendation, and would render its amendment impossible. The Doctor also urged that some of the provisions of the bill were too inquisitorial into family secrets.

Dr. C. W. Parrish, of Chester Co., offered the following substitute for the resolution, which was accepted by Dr. Condie, the mover of the original resolution:

*Resolved*, That we hail this first attempt in the State of Pennsylvania to accomplish so important a measure as a token for good; and, though the bill passed by the Legislature, in some of its details, does not fully meet the views and expectations of this Society, still it is earnestly recommended to all upon whom the duty of carrying out its requirements devolves, to comply promptly with all those requirements, as accurately as possible, in case the bill should become a law.

Dr. Emerson defended the provisions of the bill, and asked the objectors to be more specific in stating its defects. He also proceeded to show the value of the statistics which would be obtained by this law,

and, in illustration, quoted some very interesting deductions from the same kind of statistics in England and in Massachusetts.

Dr. Baskin, of Mercer county, argued in favor of the bill, as it was the best that could be got; and although it might possibly bear somewhat heavily on the rural physicians, yet they should sacrifice some little convenience in order to obtain the valuable information which would result.

The substitute, as offered above, passed without dissent.

Dr. Baskin then offered a resolution for the appointment of a committee to convey to the Governor the wishes of the society, and its action upon the subject, and that he be asked to sign it.

Dr. Atlee opposed the resolution on the ground that it was indelicate and improper, after the resolution which has already been passed.

A motion was made to amend it by making it the duty of the Secretaries to inform the Governor on the subject.

Dr. Jewell moved that the whole resolution and amendment be indefinitely postponed. Lost—ayes 23, noes 24.

The amendment was accepted.

A motion was made that the resolution be laid on the table. Lost—ayes 21, noes 26.

The resolution, as amended, was then adopted.

On motion of Dr. Emerson, the thanks of the Society were returned by resolution to Edward Armstrong, Esq., of this city, for his active and efficient exertions in procuring the passage of this bill.

Dr. Hays, from a committee on the subject, presented a report from Philadelphia, giving the following statement of the number of physicians in the city and county:—Regular physicians, 397; homœopathic, 42; hydropathic, 2; Thompsonian, 50; advertising doctors, 32; druggist physicians, 37; nondescripts, 42; total, 582. It is further stated that there are probably some omissions which would raise the total to 600.

The report of the committee on epidemics, offered by Dr. Parrish, of this city, was now taken up, and the accompanying county reports read seriatim. These reports were from Philadelphia, Delaware, Montgomery, Chester, Berks, Huntingdon and Blair. The report of the committee expressed their regret that so few county societies have reported on the subject, and they recommend that, as this is the first year of the attempt to collect such information, the county societies be requested to continue their committees from year to year, to collect information on the prevailing diseases of the several counties within the year 1851, with a particular description of the origin and progress of any epidemic or contagious disorder which may have occurred within that time, together with any other matters of interest affecting the mortality or health of their respective districts.

The report from Philadelphia was composed of distinct documents, giving the prevailing diseases, general health, natural formation of the soil, character of the buildings, and other matters affecting the sanitary condition of the city proper, Spring Garden and Penn districts, Southwark, Northern Liberties, West Philadelphia, Richmond, Frankford, Byberry, Germantown, etc. All of these reports contained many interesting and important facts relative to the health of Philadelphia.



A motion was made and adopted that a committee of publication, to consist of three members, should be appointed. The Chair appointed Drs. Isaac Parrish, D. F. Condie, and G. W. Norris.

The sanitary report from Delaware County showed that there is in that county one regular physician for every thousand inhabitants, and for every six and a fraction square miles of territory.

We append the following abstract of the

*Sanitary Report of the County of Philadelphia.*

The diseases of the county of Philadelphia, in their origin and progress, and in the type which they assume, vary according to locality and surrounding circumstances. In the compactly built portions of the city, disorders show themselves which are rarely seen in the surrounding suburbs, while the rural districts are visited with diseases which never originate in the heart of the city. On this account it is necessary, in considering the diseases of the whole county, to separate the city from the parts which surround it and to view the prevailing diseases in connection with those local circumstances which are known to influence them. With this object, the Philadelphia County Medical Society appointed a committee, composed of gentlemen residing in the several districts, through whom the information contained in this report was obtained. The tables of mortality indicate the deaths from various diseases in the city proper and districts, the boroughs and townships not being included. These tables were carefully prepared at the office of the Board of Health, at the instance of Dr. Wilson Jewell, a member of the committee, and formerly one of that Board. They may be relied on as accurate, so far as the returns made to the Health Office are full and reliable.

The city proper enjoys an excellent reputation for health. It is entirely clear of malarial diseases, and of late years has been generally exempt from any yellow fever or other malignant epidemic fevers. The cholera of 1832 and 1849 was much less extensive and mortal than in New York and some of the cities of the South and West. Epidemic typhus has not of late years appeared, and the cases of this disease in newly arrived emigrants, or amongst the lowest class of population, which occur more or less every year, rarely spread to any extent.

Infantile diseases, believed to be traceable to our peculiar climate and to confined air in hot weather, are unhappily prevalent during the heat of summer, and sometimes to an alarming extent. This arises in part from the oppressive heat of the city not being relieved by a sea breeze, and from the system of building up confined courts and blind alleys, in which are crowded a large number of families, who are unable to avail themselves of the advantages of country air, when their children are attacked by these destructive complaints.

Philadelphia, in common with many other cities and districts of the United States, has, within the past year, suffered with epidemics of scarlet fever, varioloid, small pox, erysipelas, puerperal fever, and other less grave complaints, which observe certain periodical cycles, the peculiar laws of which are not clearly understood. Our business is with the year 1850, just passed, and we will endeavor briefly to note the diseases which have prevailed during that period.

In addition to the ordinary diseases of the winter months, such as catarrh, pneumonia, pleurisy, &c., the city was visited by an epidemic of scarlet fever, which prevailed, to a considerable extent, from the commencement of the year until the approach of warm weather, when it subsided, and then reappeared in the autumn, continuing through the winter, with various alternations of mildness and severity. In some families this complaint appeared to manifest peculiar malignity, carrying off several children in rapid succession, and in those who escaped with life, leaving behind it marks of its ravages, in protracted and painful secondary symptoms, which sometimes inflicted permanent injury upon the system. The causes of this variety in the intensity of the disease in individuals exposed to the same poison, is quite inexplicable, though the fact is well known.

In several instances under the care of the writer of the report, the disease oc-

curred in adults, and in two of these deaths took place. One of these was a man about 50 years of age, who had not, as far as could be ascertained, been exposed to the disease, and who died on the third day, without communicating the disease to any member of his family, which was composed of several unprotected persons who waited on him during his sickness.

Varicella was prevalent in the early months of the year 1850, and in one instance under the observation of the writer, the eruption of scarlet fever and the vesicles of varicella existed at the same time in the same patient.

Measles also prevailed as an epidemic in the latter part of the winter, and during the spring, declining towards summer. The cases were generally manageable, although a considerable mortality from this disease is reported.

Pertussis was quite prevalent during the spring and summer, and many cases continued on through autumn. The disease was sometimes severe, and when complicated with dentition or pneumonia, was often fatal. It appears from the mortuary tables of the Board of Health that 21 deaths occurred from this disease in the eighth month, (August) and only one death in the first, month (January.) This fact would seem to militate against the opinion that whooping cough is commonly fatal from the complication of inflammatory affections of the lungs; while it favors the idea that death in this disease more frequently happens from nervous exhaustion, as the latter is powerfully promoted by intense heat. An important practical suggestion may be derived from this fact, viz. that an early use of tonics, particularly of bark, with nutritious diet and free exercise in the open air, is very important to counteract the tendency to exhaustion: while depletion and nauseating medicines to relieve fancied inflammation should be carefully avoided.

In the early part of the year a few cases of erysipelas were observed, though generally of a mild, non-malignant type, and although affecting the face and scalp, rarely producing death. The same disease appeared again in the autumn, and continued during the winter.

*Typhus Fever.*—Dr. Lawrence Turnbull writes to the Committee that in February, 1850, this disease appeared as an epidemic in the southern sections of the city. Though severe, none of the cases were fatal. Medicines appeared to exert but little influence over the course and duration of the disease. A sustaining treatment proved more ameliorating than a depleting one.

During the summer months of 1850, the usual forms of bowel disorders, viz: cholera morbus, cholera infantum, and dysentery, made their appearance. Of this last named disease there was an unusual prevalence within the city limits, though it was not sufficiently marked to be considered as an epidemic. Until within the past eight or ten years, dysentery, at least in its severe forms, was comparatively a rare disease in the closely built portions of Philadelphia; and where severe cases did occur, they could usually be traced to the country, thus confirming the opinion expressed by many writers, that this disease owes its origin to exhalations from stagnant pools, and from wet and marshy grounds, and is traceable to the same causes which produce intermittent, and remittent fevers. Certain it is that the epidemic dysentery, which prevails at certain seasons as a fatal and destructive disease in rural districts, was rarely seen within the limits of the city proper until within a few years past, and even now it may be questionable how far the cases which prove dangerous or fatal within these limits, partake of the character of the epidemic form. 413 deaths from dysentery are reported by the Board of Health within the year, although we have no means of determining how many of these were in the city proper, and how many in the suburban districts, which are known to be more or less subject to malarial influences. The larger number of these deaths were in young subjects, and it is probable many of these occurred in children during the period of dentition, and might have been classed by some practitioners under the head of cholera infantum. But making allowance for these abatements, the number of fatal cases of this disorder is unusually large. From the years 1836 to 1847, inclusive, the greatest mortality from dysentery in the city and districts in any one year was in 1847, being 160; and the smallest in 1844, being 47. In 1848 the mortality ran up to 304. The tables for 1849 are not accessible, but in 1850, we find



it at 413, the highest rate for 14 years, making all due allowances for the increase of population. The causes of this increased prevalence of dysentery within the city limits are worthy of investigation, whether they be of local influence or form one of those periodical cycles which are known to govern many diseases.

Cholera infantum prevailed to the usual extent in 1850, and with results varying but little from former years. The mortality in 1847 was 442, and in 1848 it was 457, being but 46 less than in 1850.

During the latter part of summer, and until the occurrence of frost, intermittent and remittent fevers prevail, more or less, in the suburban districts, and a few cases find their way into the city proper. In the year 1850, so far as our observation enables us to speak, the cases were fewer than usual, both in the city and in the surrounding country.

A considerable number of cases of typhoid fever occurred during the same period, some of which originated in malarial districts, and seemed in the early symptoms, more allied to ordinary remittent than to the peculiar enteric fever described by modern writers under the term typhoid. The total number of deaths from typhoid fever in 1850, reported to the Board of Health, is 107; the highest number, 27, occurring in the 10th month, (October.) How many of these cases originated in the city proper it is impossible to say; while in the present state of opinion on this subject it is very difficult to arrive at accurate results in regard to its progress. What is denominated by some practitioners typhus, is called by others typhoid, while remittent or even intermittent fevers of a protracted and low type may be classed as typhoid by some observers. Personal observations have convinced us that the peculiar form of fever described by Louis, Bartlett, and others, as typhoid, and by Dr. Wood as enteric, has existed within the city limits during the year; and the testimony of medical friends well qualified to judge, is equally clear upon this point.

During the latter months of the year 1850, we had a repetition of the diseases of the previous winter, viz.: scarlet fever, measles, whooping cough, erysipelas, &c. There was also an extraordinary prevalence of abscesses in the form of boils, occurring in persons not subject to such complaints, with many cases of anthrax, and of paronychia. At a meeting of the County Medical Society, there was such a remarkable concurrence of sentiment amongst the physicians present as to the frequency of these cases in their practice, as to induce the belief that some peculiar state of the atmosphere or epidemic influence was operating to produce it. It was remarked that the cases of paronychia were most numerous amongst house maids and laboring people, and some of them were observed to be very tedious in healing, even after free opening made in the early stage of the inflammation. The tendency to this form of the disease continues to the present time, though in a less marked degree.

*Table of Deaths in Philadelphia in 1850 from epidemic, endemic and contagious diseases.*

			Males.	Females.	Boys.	Girls.	Totals.
Cholera Infantum,	-	-	274	229	214	229	503
“ Morbus,	-	-	16	8	3	3	24
Diarrhea,	-	-	104	104	77	69	208
Dysentery,	-	-	241	172	134	88	413
Erysipelas,	-	-	25	29	11	22	54
Fever, Intermittent,	-	-	12	4	8	2	16
“ Remittent,	-	-	24	26	7	14	50
“ Typhus,	-	-	46	29	5	9	75
“ Typhoid,	-	-	70	37	20	14	107
“ Scarlet,	-	-	232	207	262	197	439
Measles,	-	-	40	30	40	30	70
Small Pox,	-	-	26	14	19	12	40
Whooping Cough,	-	-	62	52	62	52	114
Totals.			1172	941	892	741	2113

The monthly mortality, in 1850, was as follows: January 603, February 579,

March 580, April 596, May 792, June 708, July 1041, August 1150, September 647, October 701, November 515, December 558; aggregate 8510. The mortality in the first year of life is nearly 50 per cent. of the whole number of deaths under 20 years of age, and those deaths which occurred within the 5th year, constitute over five-sixths of those under 20 years of age. The proportional infantile mortality, according to months, stands thus: August 807, July 707, June 491, May 470, September 382, April 378, October 365, March 361, February 355, January 347, December 305, November 300.

The Report from the CITY of Philadelphia is by Dr. Isaac Parrish.

Of the Reports from the various Districts of the County, we make the following abstracts:

**NORTHERN LIBERTIES.**—This report is from Dr. Thomas H. Yardley. "The Schuylkill water is furnished here to 5300 houses, 720 of which are provided with baths: in addition to which there is a select bathing establishment for respectable females, furnished with hot, cold and shower baths. It is managed by a committee of ladies, who are furnished with the funds to carry it on by voluntary contributions, and who, on being satisfied of the respectability of the applicant, gives her a ticket, which is not transferable, but admits her during the bathing season. It has been in operation two years; and during the first year 1000 baths were taken. It is highly appreciated, and has been of invaluable service to the health and comfort of the class of individuals for whom it was established."

The gas manufactory in the district of the Northern Liberties has greatly improved the health of the neighborhood in which it is situated, which was the lowest and most unhealthy part of the District. The residents there have previously been usually subject to dysentery and autumnal fevers, and during the cholera season of 1833, previous to the erection of the gas works, the disease was more prevalent and fatal here than in any other part of the district. During the last epidemic not a case of cholera occurred in the neighborhood, and dysentery and autumnal fevers have entirely disappeared. The superintendent further states that several persons affected with symptoms of a pulmonary complaint have been employed at the gas works, and have become perfectly well and hearty men.

**RICHMOND.**—This district is exposed to malarial poison from an extensive marsh upon its southern and western border, through which flows Gunner's Run, and from the Delaware on the east. Dr. Edgar Janvier, of Richmond, says:—"We are scarcely ever without cases of intermittent and remittent fever, though fewer cases have occurred within the last twelve months than previously. During the autumn of 1850 they prevailed to a considerable extent on our river road as far as Bridesburg, but this spring, throughout our neighborhood, there is an exemption." Dr. J. reports a few epidemic cases of typhoid fever in Richmond during the year 1850. Pertussis, rubeola, scarlatina, and varicella have prevailed epidemically at different periods during the year, but have manifested nothing unusual in their type. The scarlet fever epidemic Dr. Janvier believes to have been peculiarly severe and fatal in this district. He saw some cases die within 24 or 48 hours of the attack. The disease did not appear to be influenced as much by intercourse as by the epidemic constitution of the atmosphere. Many families enjoyed entire exemption, while severe and fatal cases occurred in the same block.

Physicians practising in Richmond district state that the coal laborers are unusually healthy, notwithstanding the large quantity of fine coal dust swallowed and inhaled by them, and which forms a complete coating to the skin. The appetite of the laborers is excellent, and delicate persons are said often to become strong and vigorous while working among the coal. So completely does the fine dust penetrate the tissues, that not only the expectoration is loaded with it, but the discharges also; and yet dyspepsia and pulmonary consumption are rare among the laborers. There would seem, indeed, to be a decidedly healthful influence exerted by the coal dust upon those who are constantly exposed to it; a fact which may suggest an important hint to practising physicians.



KENSINGTON.—Dr. Helffenstein writes to the committee that measles and scarlet fever have prevailed as epidemics in 1850; most of the cases of the latter disease were of a mild character, the most severe and fatal occurring in the latter part of the year. Intermittent and remittent fevers are common in this district, though they were less prevalent in 1850 than in some former years. Abscesses, felons, and carbuncles have prevailed in Kensington to an unusual extent, and amongst all classes of people.

WEST PHILADELPHIA.—This section of the county appears, from the report of Dr. Gallagher, of Mantua, to have suffered less from epidemic disorders than many other portions. Dr. G. remarks: "I have seen very few cases of scarlatina, altogether mild in its form, and yielding very readily to ordinary treatment." Malarial fevers prevail in this district, especially along the banks of the Schuylkill to a greater or less extent every year. In the year 1850 these diseases were not so prevalent as usual. Typhoid fever, according to Dr. Gallagher, has prevailed more or less in this district for the past sixteen years; the cases usually occur in the autumn, and Dr. Gallagher has observed that the later in the season the more severe and fatal is the disease. There appears to have been less sickness, and that of a milder form, in this district, in 1850, than for years past.

SPRING GARDEN AND PENN DISTRICT.—The report from this part of the city, which is from Dr. Wilson Jewell, is somewhat lengthy and well considered. "As an evidence of the comparative immunity of these districts from diseases epidemic in their character, we have only to advert to the statistics of the cholera in 1849, as published by the Board of Health, where it is stated that while in Southwark, Moyamensing, and Richmond, the ratio of cases of cholera to population was as one to every 136 inhabitants, Penn and Spring Garden presented but one in every 514 inhabitants. Spring Garden and Penn suffered from scarlet fever in the commencement of 1850, but to a less degree than some other sections of the county. In the northwestern extremities of Spring Garden and Penn districts, as well as in some other unimproved portions of the districts, malarious fevers of an intermittent and remittent type prevail endemically during the summer and autumn months, caused by miasmatic exhalations arising from decomposing animal and vegetable substances exposed to the rays of the sun, and which are at all times fruitful causes of disease and active agents in the propagation of fevers. The ponds of stagnant water on unimproved lots and in the vicinity of brickyards are also cited as among the causes, beside the frequent turning up of the soil at brickyards, the levelling of lots, filling up and digging down new streets, digging of cellars and filling up of lots which lay below the level of streets."

SOUTHWARK.—"The only low and wet part of the district is small in extent, situated on the bank of the river Delaware to the south and east. It formed originally the commencement of the alluvial meadows, which extend along the whole of the western shore of the river to the mouth of the Schuylkill. The banks to the southern line of the district are now in ruins, and the meadow land is constantly overflowed. The principal streets of the built portion of the district are well paved and drained. Most of the drainage is on the surface, the extent of culverts within the district being very limited. The streets are kept perfectly clean, and there is no accumulations of filth in any part of the built portion of the district. The houses are mostly of modern construction, and though frequently small in size, are tolerably well ventilated. All are plentifully supplied with the Schuylkill water. We allude now to the houses fronting on the main streets. Unfortunately, the cupidity of capitalists has induced them to construct numerous courts and alleys. In some of those sufficient ventilation is not provided for, and the houses are crowded with a miserable, improvident population, by whom little attention is paid to cleanliness and domestic comfort. In general, however, the population of Southwark is composed of industrious, thrifty mechanics, and their families. Having the means to command the comforts of life, they feel a pride in the neatness and cleanliness of their houses and persons. The pauper and abandoned population of the district is comparatively small. It is sufficiently extensive, however, to crowd the small houses in the narrow courts and alleys, and to occasion no small amount of disease and suffering, es-

pectially during the winter seasons." The report from which the above is extracted, which is by Dr. D. Francis Condie, remarks that during the past year no serious epidemic has prevailed. Towards the close of the summer and the principal part of the autumn, remittent fevers prevailed to a very considerable extent south of the compactly built portion of the district, and along the whole of its river front. It was protracted in duration, though not particularly severe, and seldom fatal.

*Friday, 31st May.*—Dr. Samuel Jackson, late of Northumberland, offered the following resolution, which was adopted after an interesting discussion :

Resolved, That this Society approves the recommendation of the Philadelphia County Medical Society in favor of a change in the mode of representation of the National Medical Association, making such representation to consist exclusively of delegates from State and County Medical Societies.

Much of the session was occupied in the reading of reports of the medical topography of Berks, Chester, Blair, Montgomery, Delaware, and Huntingdon counties. The report from Berks was voluminous, and excited general remark from its completeness.

These reports contained accounts of the epidemic diseases of the several counties from which they came, with interesting sketches of their medical topography, prepared by Committees of these Societies. It appears from these reports, that a severe epidemic dysentery had prevailed within the past year in Chester county, an excellent account of which is reported by Dr. Garton, of that county. Intermittent and remittent fevers had prevailed in various marshy districts, while on high and dry lands no such diseases had appeared.

Scarlet fever appears to have prevailed in all the counties from which reports were received.

From Montgomery county, a report prepared by Dr. Corson, gives an account of a terrific epidemic erysipelas, which appeared in the high lands about two miles east of Norristown in the fall of 1847. At the same time a puerperal fever occurred amongst the women of this district.

Dr. West, from a Committee appointed at the last annual session to consider the subject of establishing a pathological museum in connection with the State Society, reported that the project, although desirable, would require a large fund to effect it, which the Society does not possess. They report however, that the Philadelphia College of Physicians is engaged in an effort of the same kind, and they therefore recommend that any member of the State or County Societies having pathological specimens, which they are willing to contribute towards the formation of such a museum, be requested to forward them to the College of Physicians who will take charge of them as a nucleus until the State Society is ready to make its own effort, and throw open the collection to the State Society for inspection. The report was adopted.

The question of the next annual session was then discussed. The general sentiment seemed to be in favor of Philadelphia as the place of meeting, and it was accordingly fixed upon. The time agreed upon was the last Wednesday in May.



The committee on nominations reported the following list of nominations for officers of the Society for the ensuing year.

*President.*—Dr. Charles Innes, of Northampton.

*Vice Presidents.*—Dr. Joseph B. Ard, of Mifflin; John Baskin of Mercer; George W. Norris, of Philadelphia; John P. Heister, of Reading.

*Recording Secretaries.*—Drs. Isaac Remington, of Philadelphia, and C. D. Gloninger, of Lebanon.

*Corresponding Secretary.*—Dr. Isaac Hays, of Philadelphia.

*Censors.*—1st and 2d Districts—Dr. Geo. B. Wood, of Philadelphia; Geo. B. Kerfoot, of Lancaster; Isaac Thomas, of Chester county; Jesse Young, of Delaware; John W. Gloninger, of Lebanon. 3d and 4th Districts—Drs. John D. Ross, of Blair; J. H. Case, of Perry; W. McIlvaine, of York; Joseph Henderson, of Mifflin, Joseph B. Ard, of Mifflin. 5th and 6th Districts—Drs. J. P. Gazzam, of Allegheny; John Baskin, of Mercer; C. Perkins, of Erie; W. Addison, of Allegheny; G. D. Bruce, of Allegheny.

*Delegates to the National Medical Convention for 1852.*—Drs. Isaac R. Walker, of Chester; Traill Green, of Northampton; George W. Norris, of Philadelphia; Elwood Harvey, of Delaware; F. S. Burrows, of Lancaster; John L. Foulke, of Montgomery; J. P. Heister, of Berks.

Dr. Ard declined the nomination as one of the censors of the 3rd and 4th districts, as he had removed from Mifflin county to Philadelphia; and, on his motion, Dr. G. B. Mitchell was substituted in his place; the report was then adopted, and the persons nominated elected to their several offices.

An interesting report was received from Professor Jackson, on the subject of small-pox. This report was from a committee appointed at a previous annual session, and a report was made at the session of 1850 on the subject, the committee being continued from year to year. The investigations of the committee develop some very important facts.

Dr. Emerson offered the following resolution which was adopted:

Resolved, That a Special Committee of the Medical Society of the State of Pennsylvania, be appointed to investigate the accuracy of the conclusions put forth by Drs. Gregory, of London, and Cazenave of Paris, in relation to Small-pox and Vaccination, as referred to in the report made to this Society by the Committee on Small-pox and Vaccination.

The Chair appointed Dr. Emerson, Prof. Jackson, Drs. Warrington, Parrish, and John D. Griscom.

On motion of Dr. Emerson, a committee of three was appointed to memorialize the Legislature in favor of the gratuitous revaccination of the poor throughout the State. Drs. Emerson, Condie, and Jewell, were appointed the committee. On motion of Dr. Condie, the co-operation of the county societies and the profession generally throughout the State, was requested.

The thanks of the Society were tendered to Dr. Worthington for his

able and efficient services as President, to which he briefly replied, and yielded the chair to his successor, Dr. Innes. The latter gentleman delivered a few words of introductory address, which were well received.

The Society then adjourned to meet on the third Wednesday of May, 1852, in this city.—*N. Amer. and U. S. Gaz.*

#### AMERICAN MEDICAL ASSOCIATION.

*Fourth Annual Meeting, held in Charleston, May 6th, 1851.*

The Association met at 11 o'clock, at St. Andrew's Hall, Broad street, the President, Dr. Mussey, in the Chair, and Dr. H. W. Desausure, Secretary.

The Association having been organized, Dr. Thomas Y. Simons, the Chairman of the Committee of the South Carolina Medical Association, in a warm and hearty address, welcomed the Delegates present from the other States, to the City and State, on behalf of his associates, which was responded to in a becoming manner by the President.

Dr. Frost, on behalf of the Committee of Arrangements, read the list of Delegates present—198 present and 27 States represented.

The President of the Association read a letter from Dr. Stillé, resigning his office, in consequence of the impaired state of his health.

On motion of Dr. Arnold, of Savannah, Ga., it was proposed that the letter of Dr. Stillé be placed on record, in compliment to him, for the interest he has manifested in the Association.

Dr. Arnold offered the following resolution, which was adopted:

*Resolved,* That a Committee of one from each State represented in the Association, to be chosen by their respective Delegates, be appointed to nominate suitable officers to be elected for the ensuing year.

On motion of Dr. Frost, the Association took a recess of ten minutes to enable the Delegation to appoint one of their number a member to constitute the Nominating Committee, in compliance with the above resolution.

The President of the Association, at this stage of the proceedings, read an address of some length on matters connected with the profession, and the advancement of medical science, which was well received, and elicited the commendation of those present.

On the reassembling of the Convention, the President reported the following gentlemen, as having been selected as a Committee on Nominations from the different State Delegates, viz.: Dr. Geo. Mendenhall, of Ohio; B. R. Wellford, of Virginia; Jos. Fithian, of New Jersey; R. D. Arnold, of Georgia; G. W. Miltenberger, of Maryland; H. R. Frost, of South Carolina; N. G. Pittman, of North Carolina; W. H. Anderson, of Alabama; A. H. Stevens, of New York; Usher Parsons, of Rhode Island; Joseph Carson, of Pennsylvania; Z. Adams, of Massachusetts; Thos. Reyburn, of Missouri; Jas. Jones, of Louisiana; J. B. Flint, of Kentucky; John Sloan, of Indiana; C. Boyle, of the District of Columbia, and J. B. Lindsley, of Tennessee.



The Nominating Committee, through their Chairman, then read the subjoined names as suitable candidates for officers of the Association for the ensuing year, viz.:

Dr. JAMES MOULTRIE, of S. C.,	President.
Dr. GEO. HEYWARD, of Mass.,	} V. Presidents.
Dr. R. D. ARNOLD, of Geo.,	
Dr. B. R. WELLFORD, of Va.,	
Dr. J. B. FLINT, of Kentucky,	
Dr. H. W. DESAUSSURE, of S. C.,	} Secretaries.
Dr. P. C. GOOCH,	
Dr. ISAAC HAYS, Treasurer.	

On motion of Dr. La Roche, of Pa., the Report was accepted, and the gentlemen thus nominated were elected the officers of the Association for the ensuing year, and were invited to take their seats.

The President elect then took the chair, and in a few appropriate remarks, returned his thanks for the honor thus conferred on him by the Association.

The Secretary read a report transmitted to him from the Committee of Unfinished Business, appointed at the session of 1850.

On motion of Dr. Arnold, of Georgia, the Report was accepted, and laid on the table.

On motion of Dr. Gaillard, of South Carolina, the following resolution, offered by Dr. Drake, of Cincinnati, at the session of 1850, was taken up for consideration.

*Resolved*, That the second section of the Regulations of the Association, be so amended as to require that candidates for membership by invitation, be nominated in writing by five members; that when elected they shall enjoy all the rights of Delegates, and that all permanent members shall be entitled to vote.

After some discussion, on motion of Dr. A. H. Stevens, of New York, the Resolution was referred to a Committee, consisting of Drs. Drake, of Ohio, Wood, of Pa., and Wellford, of Va.

Dr. Stevens, of New York, offered the following Resolution, which was discussed by Drs. Storer of Mass. and Moore, of Ga. and finally rejected.

*Resolved*, That a Committee be appointed to report to the Association the business before it, and to offer such suggestions as they may deem advisable for the due discharge of the same.

On motion, the Association adjourned to meet on Wednesday at 10 o'clock.

*Second day—Morning Session.*

The Convention met pursuant to adjournment, the President in the Chair.

The minutes of the previous meeting were read and confirmed.

Dr. Wood asked and obtained leave to read the following report, on amending the Constitution, on behalf of himself and Dr. B. R. Wellford:

The Committee to whom was referred the Proposition of Dr. Drake,

for an alteration of the rules in relation to the admission and rights of members, have the honor to report as follows:

There are two distinct branches of the proposition; the first of which relates to the invitation of medical men, not delegates, to participate in the proceedings of the Association; the second has in view the extension of the right of voting to permanent members.

The Committee agree in the general purport of the first part of the proposition. As it now stands, the rule admits of a too easy admission to the privileges of members, and it is susceptible of great abuse. It might happen, in a place where the number of resident Physicians was very considerable, that sufficient might be introduced to control the decisions of the delegates. To guard against such a result, the Committee recommend, that, in addition to the provision that none should be invited by the Association, unless upon a previous written proposal, by five delegates, the existing rule should be so altered as not to confer upon the invited members the privilege of voting.

In relation to the second part of the proposition, that, namely, which gives the privilege of voting to permanent members, the Committee do not consider its adoption advisable, on the following grounds: This Association is essentially a representative body. Its opinions are supposed to be those of the Societies or Associations by which the delegates are appointed, and go forth to the world with the authority in some degree of the medical profession generally. Now, if permanent members were permitted to vote, they would express their own individual opinions, and support their own individual preferences; both of which might be in direct opposition to those of the delegates, and not fairly representative of general medical sentiment. It is easy to conceive, that combinations among permanent members might be formed, more powerful than the properly delegated body, which might thus be overruled in its decisions. The opinions or wishes of a comparatively few individuals might thus go forth to the world, as those of the profession at large; and private purposes might be answered at the expense of the general good. This would defeat the main objects of the Association, and prevent it from continuing, what it may now be considered to be, the exponent of enlightened medical sentiment in this country.

The Committee, therefore, recommend that the question on Dr. Drake's proposition be taken separately upon its two branches; that the first be adopted with a modification, withholding the right of voting from invited members; and that the second, which confers this right upon permanent members, be not adopted.

GEO. B. WOOD,  
B. R. WELLFORD.

*Charleston, (S. C.) May 7, 1851.*

Dr. Drake then read the subjoined minority report:

The undersigned, a minority of the Committee, to whom was referred the resolution for amending the second section of the Constitution, begs leave to report, that in his opinion, it is expedient and will be found promotive of the great objects for which the Association was formed, that "members by invitation" should not be admitted, except under a



written nomination, by five members; that when thus chosen, they should enjoy all the rights and privileges of Delegates, including permanent membership; and that all permanent members should be entitled to vote. With these views the undersigned respectfully submits a revision of the resolution into the following:

*Resolved*, That members by invitation shall be nominated, in writing, by five members, which nomination shall be made a matter of record; that when elected they shall enjoy the rights and privileges of Delegates, and remain as permanent members of the Association.

*Resolved*, That all permanent members shall have the right of voting.

Respectfully submitted.

DAN. DRAKE.

Dr. I. Hays moved to take up the majority report, which motion was carried.

Dr. Arnold spoke against the article of the Constitution, authorizing invited members to vote.

Dr. Wood explained his report, and urged its adoption.

Dr. Davis, of Chicago, said that there was much misunderstanding in regard to the intention of the Constitution in respect to the members by invitation. He hoped that the Constitution would be strictly acted up to, and that members should be invited only "from sections not otherwise represented."

Dr. Wood said his was an amendment, and not a repeal of the old provision.

Dr. Drake responded—He had waited for arguments against his resolution, but had heard none. He then entered into a long argument in favor of *popularizing* the Association with the Profession in the United States, and took ground in favor of a permanent place of meeting at Washington City.

Dr. W. Atlee, of Lancaster, said he could see no harm in giving the privilege of voting to invited members who came from unrepresented localities, but was opposed to the right of voting proposed to be given to permanent members.

Dr. Meigs, of Philadelphia, asked whether a gentleman would be invited to attend without any privileges, and went on to say that he hoped the Convention would have five, ten or even twenty thousand in attendance at some future period.

Dr. Hooker, of Connecticut, begged to be allowed to offer the following Resolution, the Resolution of Dr. Drake having been laid on the table for the present.

*Resolved*, That no member be permitted to speak longer than 10 minutes at one time in any one debate.

Dr. Phelps, of New York, offered to amend the Resolution by inserting "15," which motion was lost.

The Resolution as offered by Dr. Hooker was then adopted.

Dr. Hays moved to lay the subject on the table, and added that by a constitutional provision it was required to lay over one year.

The motion was seconded by Dr. Tucker, of Virginia.

Dr. Dickson, of South Carolina, asked if the motion swept off the whole Resolution, and was answered affirmatively by Dr. Hays.

Dr. ——— said if the matter was postponed now, they would not be out of difficulty, because all that is necessary to defeat it next year would be to move to amend it, and it would have to lay over a year again, &c.

The matter was finally laid on the table.

Dr. Wood, of Pennsylvania, called up the second part, or that portion giving to permanent members the right to vote.

The majority committee accepted the substitute of the minority committee, which was read as follows, viz. :

*Resolved*, That all permanent members shall have the right of voting.

Dr. Dickson urged the adoption of the above Resolution.

Dr. Hays, of Philadelphia, remarked that the Constitution had not been studied by the gentleman who had urged the adoption of the Resolution; and spoke in opposition to the measure.

Dr. Thomson, of Delaware, supported Dr. Hays, and hoped that the whole matter would be laid over for a year.

Dr. Dickson observed that he had been accused of ignorance of the Constitution. He hoped to have these gentlemen always here to instruct him.

Dr. Bond, of Maryland, took part in the discussion.

Dr. Adams, of Massachusetts, remarked that they ought to strike out the words—"Permanent Delegates"—from the Constitution, and was proceeding with his remarks, when the gentleman was called to order.

The question was here taken on the adoption of the Resolution, which was lost by a large majority.

Dr. I. Hays, the Treasurer of the Association, then read the Report of the Committee of Publication, and also the Report of the Treasurer.

The subjoined resolutions, appended, were read and adopted.

1. *Resolved*, That the assessment for the present year shall be three dollars.

2. *Resolved*, That those Delegates who pay the assessments, shall be entitled to one copy of the transactions for the present year; and that the payment of two dollars, in addition, shall entitle them to two additional copies.

3. *Resolved*, That permanent members shall be entitled to one copy of the transactions for the present year on the payment of two dollars, and three copies on the payment of five dollars.

4. *Resolved*, That Societies which have been represented in the Association shall be entitled to copies for their members on the same terms that copies are furnished to permanent members.

5. *Resolved*, That permanent members, unless present at the meeting as Delegates, shall not be subject to any assessment.

6. *Resolved*, That any Delegate who is in arrears for his annual assessment shall not be considered as a permanent member.

7. *Resolved*, That the several Committees be requested to bring to the meeting of the Association, their reports, correctly and legibly transcribed; and that they be required to hand them to the Secretaries as soon as they have been read.

All which is respectfully submitted.  
Philadelphia, April 20, 1851.

ISAAC HAYS,  
D. FRANCIS CONDIE.



Dr. Drake, of Ohio, moved that the Report on Surgery be read first. Adopted.

Professor Eve, Chairman of Committee on Surgery, then proceeded to read his report.

A motion was made by Dr. Davis to commit the same to the Committee on Publication, which was adopted.

Dr. Hays moved to read Dr. Flint's Report by its title—*Practical Medicine*—and refer the same to the Committee on Publication, which motion was adopted, and several hundred copies printed and furnished by the author were directed to be distributed.

A motion was then made to adjourn till 5 o'clock, P. M., which was adopted, and the Convention adjourned.

*Afternoon Session.*

The President having organized the meeting,

Dr. Boyle, of Washington, offered a resolution that the Association in future meet at Washington City.

Dr. C. P. Johnson, of the Virginia Medical Society, extended an invitation to meet at Richmond; Dr. Jones, of the University of Louisiana, to meet in New Orleans; Dr. J. P. Johnson, of Missouri, to meet in St. Louis. The resolution and invitations were referred to the Committee on Nominations.

The President suggested to the Society the propriety of appointing the Standing Committees at an early date.

Dr. Wood remarked that there was a proposition to abolish Standing Committees.

Dr. Hays said he was opposed to these Committees, but would not press an alteration.

Dr. Tucker moved that the appointment of the Standing Committees be referred to the Committee on Nominations, which motion was adopted.

Dr. Jones, of Louisiana, resigned as a member of the Committee of Nominations; and Dr. Fenner, of New Orleans, was appointed in his place.

Dr. Parsons then moved that the Committee on Nominations be requested to resume its labors, which was adopted.

Dr. Wragg, of Charleston, moved that the Report of the Committee on Prize Essays be read, and then that the Obstetric Report be brought up.

The Report on Prize Essays was then read, and certain resolutions appended thereto were adopted.

When, on motion of Dr. Ready, of South Carolina, the whole matter was referred to the Committee of Publication.

Dr. Storer, of Boston, Chairman of the Committee on Obstetrics, read the Report on that subject. He stated that he had received a letter from Dr. Thompson, of Illinois—that he was the only member of the Committee who had aided him in any degree. He mentioned this fact, because he had to hold himself entirely responsible for all the inaccuracies, &c.

Dr. Phelps, of New York, moved that the Report be referred to the Committee of Publication.

Dr. Robertson, of South Carolina, moved that the statistics, alluded to in the Report, be stricken out, as the author of them was not a reliable man.

Dr. Storer seconded the motion.

Dr. Bond moved to postpone the Report until morning, which was seconded by Dr. Gilman.

A short debate here ensued; when it was finally agreed to re-commit said portion of the Report, to be corrected and laid before the Association in the morning.

On motion, the Convention adjourned.

*Third day. Morning Session.*

The President, Dr. James Moultrie in the Chair.

The Minutes of the previous meeting were read, and after some slight amendments were confirmed.

Dr. J. M. Smith, of Mass., moved that the Report of the Committee on Medical Education be made the special order, after the disposal of the Report of the Committee on Obstetrics.

Dr. Gaillard, on behalf of the Committee of Arrangements, read a list of Delegates as registered since the last report.

Dr. Campbell, of Georgia, presented a model of a mal-formation of the knee joint, the patella being absent.

Dr. Wood, of Pennsylvania, offered the following resolution:

*Resolved*, That Colleges, exclusively of Dentistry and Pharmacy, are not recognized by the Association, as among the bodies authorized to send Delegates to its meetings.

Dr. Wood, of New York, moved to amend, by dividing the Resolution, so as to take the question, first, on the reception of Delegates from Colleges of Dentistry; secondly, on the reception of Delegates from Colleges of Pharmacy.

The amendment having been accepted, the question of the reception of Delegates from Colleges of Dentistry was debated.

Dr. Lamb moved an indefinite postponement of the Resolution, which was lost.

Dr. Yardley, of Pennsylvania, asked and obtained leave to read the subjoined Resolution, presented by the Philadelphia County Medical Society.

*Resolved*, That all the Medical Colleges in the United States are hereby earnestly and respectfully requested to hold a Convention, through Delegates respectively chosen by them at least once in every six years, to take into consideration the proper method of harmoniously elevating the standard of Medical education in the said Colleges.

The discussion of the original question was then resumed.

A motion was finally made by Dr. Hays, of Pennsylvania, that the whole resolution of Dr. Wood, including colleges of Dentistry and Pharmacy, be referred to a special committee of five members, which resolution was adopted.

On motion of Dr. Yardley, of Pennsylvania, the resolution presented



by the Philadelphia County Medical Society was also sent to the same Committee.

Dr. Jones, of North Carolina, offered the following resolution :

*Resolved*, That all the Medical Colleges in the United States, are hereby earnestly and respectfully requested to hold a Convention, through Delegates respectively chosen by them, at least once in every six years, to take into consideration, the proper method of harmoniously elevating the standing of Medical Education in the said Colleges.

The order of the day was then called up, when Dr. Storer reported that he had erased the statistics referred to yesterday, and that he placed the report in the hands of the Association. Dr. S. said that there was objection to the remarks on the subject of Dr. Gilman's paper on the speculum uteri. He asked that he be permitted to remove the unnecessary expression of opinion in regard to that subject. He further added that he had taken from the journals these facts, &c., and was not therefore responsible for the correctness of the papers, &c.

Dr. Bond, of Md., remarked that there were charges in these reports which he did not individually endorse ; but which got out in a book under the sanction of the Association.

On motion of Dr. Davis, the report was referred to the Committee on Publication.

At this stage of the proceedings, Professor S. S. Haldeman, of Lancaster City, Pennsylvania, through Dr. John L. Atlee, presented to the Association an Essay on Latin Pronunciation, of which he is the author; and which, on motion of Dr. Atlee, was referred to the Committee on Medical Literature.

On motion, the regular order was suspended for the reception of the Report of the Committee of Nominations which was read and laid on the table.

Dr. Hays then called up the Resolution on page 43, vol. 2, of the transactions of the Association, and moved to strike out "all that relates to Committees," &c.

The motion was seconded by Dr. Stevens, and urged by Dr. Drake, who read some ten or twelve special points, which he said ought to occupy the Association instead of being occupied with Epitomes of Rankin & Braithwaite.

Dr. Hooker, of Conn., spoke of the looseness of Committees and editors of the Journals.

Dr. Davis thought that they could decide on the matter at once.

Dr. Hays proposed to dispense with the Standing Committees. The question was then taken on the resolution, which was adopted.

Dr. Wood, of Pennsylvania, offered the following resolution, which was adopted :

*Resolved*, That a Committee be appointed to take into consideration the arrangement of a Committee for future action, to report as speedily as possible.

The Chairman of the Committee on Medical Education was about to read the regular report on that subject, when Dr. Drake moved the suspension of the reading till after the recess, as it was a very long report.

On motion of Dr. Johnston, of Missouri, the report of the Committee on Medical Literature was then taken up.

Dr. Desaussure announced that Dr. Davis would read a paper entitled an experimental enquiry concerning some points connected with the process of Assimilation and Nutrition.

Dr. Reyburn, of Missouri, presented and read the Report of the Committee on Medical Literature. In the Course of his reading the Report, he gave way to a motion to adjourn.

*Afternoon Session.*

The President took the Chair at half past 5 o'clock and organized the meeting.

The Secretary announced the following gentlemen as having been appointed by the President, under Resolution of this morning, concerning a Committee for the arrangement of business, for the occupation of the Association in future: Drs. G. B. Wood, of Pennsylvania; I. Hays, D. Drake, A. H. Stevens, W. Hooker, B. R. Wellford, and S. H. Dickson.

The following gentlemen were appointed a Committee under a resolution in regard to Schools of Pharmacy and Dental Surgery, viz: Drs. Hays, Stevens, Yardley, Storer and Jones.

Dr. Dickson moved the following Preamble and Resolutions, which were seconded by Dr. Bond, and unanimously adopted without debate.

Whereas, efforts are being made to repeal the law of 1847, which confers protective rank on the members of the Medical Department of the Army, therefore

*Resolved*, That the American Medical Association, views with regret the existence of hostility to the act of Congress, approved February 11, 1847, which confers legal rights, and equality with other Staff Departments, on the Medical officers of the Army, and gives them a position to which the importance and character of the profession entitles them.

*Resolved*, That copies of these resolutions, with the resolutions of the Association, passed at its last annual meeting, on the same subject, be transmitted to the Secretaries of War and of the Navy, through the Chiefs of the Medical Department of each service, and to the presiding officers of the Senate and House of Representatives of the United States.

The reading of the Report of the Committee of Medical Literature was then concluded.

On motion, the Report was adopted, and referred to the Committee on Publication.

The Report of the Committee on Medical Education was then called for, and as the hour was late, the Chairman read only so much of it as relates to Demonstrative Midwifery, which had by special resolution been referred to the Committee.

On motion, the Report was accepted, and referred to the Committee of Publication.

Dr. Dickson presented the following Resolution, which was adopted:

*Resolved*, That this Association unanimously approve of the opinions expressed in the Report of the Committee on Medical Education in respect to Demonstrative Midwifery.

The Convention then adjourned.



*Fourth day, Morning Session.*

The President, Dr. James Moultrie, in the chair.

The minutes of the last meeting were read and confirmed.

The report of the Committee on Medical Education being the special order, Dr. Stevens, of New York, asked and obtained leave to introduce the following resolutions;

*Resolved*, That the members of this Association cannot separate without expressing their grateful sense of the hospitalities, and numerous delicate attentions received from their Medical brethren of South Carolina, and the citizens of Charleston.

*Resolved*, That a Committee be formed to procure a tablet with a suitable inscription, commemorative of this meeting, and the feeling it has elicited; to be placed at the disposal of the Medical Association of South Carolina.

This tablet is here placed by the American Medical Association, to commemorate their annual meeting in the city of Charleston, in May, 1851, and to signalize their gratitude for the extraordinary professional and social enjoyments that accompanied it.

The resolutions having been seconded were adopted; and Dr. Stevens, further moved that Drs. Hayward, of Mass. and F. A. Ramsey, of Tenn. and himself constitute the Committee.

Dr. Ramsey, of Tenn., asked and obtained leave to read a letter from Dr. E. D. Fenner, of Louisiana, and offered the following resolution on the subject, which was adopted.

*Resolved*, That the efforts of Dr. Fenner, to place on a firm and durable basis, an annual publication, embracing Medical Reports from the whole Southern portion of the Union, merits the commendation of this Association, and should receive solid support from American Physicians.

Dr. Hays, of Pa. asked and obtained leave to call up for consideration, so much of the report of the Nominating Committee, as relates to the selection of the next place of Meeting of the Association, and the appointment of the Committee of Arrangements and the Committee of Publication, the other Standing Committees having been abolished. The report having been read, Dr. Drake, of Ohio, made an urgent appeal in favor of Washington City as the next place of meeting. The question being taken on the adoption of that part of the Report of the Committee, which proposed Richmond, (Va.) as the next place of Meeting, it was adopted by a large majority. The question being taken on the confirmation of the Committee of Arrangements and Publication, the nominations of the Committee were confirmed.

Richmond, Va., was selected as the next place of Meeting by the Association, and the following gentleman appointed a Committee of Arrangements, viz:—Drs. R. W. Haxall, Chairman; Carter P. Johnson, James Beale, Chas. B. Gibson, S. Maupin, R. D. Haskins, C. S. Mills and M. P. Scott. Committee of Publication—Drs. Hays, of Pa., G. Emerson, of Pa., D. F. Condie, of Penn., H. W. Desaussure, of So. Ca., I. Parrish, of Penn., P. C. Gooch, of Va., and G. W. Norris, of Penn.

Dr. Hooker, of Conn., Chairman of the Committee on Medical Educa-

tion, completed the reading of the report of the committee, and offered the following resolutions :

*Resolved*, That the abuses which exist in the modes of Medical Education pursued in this country, demand the serious consideration of the profession.

*Resolved*, That free discussion in relation to the causes is an important means of effecting their removal.

*Resolved*, That in the opinion of this Association no effort to remove these abuses can succeed, that is not based upon a reform in the public sentiment, both of the profession and of the community.

*Resolved*, That this reform, so far as the profession is concerned, is to be effected mainly through its organization, and that it is therefore incumbent upon every Physician to do all that he can to give them character and efficiency.

*Resolved*, That this Association have confidence in all proper efforts which have for their object a reform in the sentiments and practice of of the community in relation to Medicine and the Medical Profession.

*Resolved*, That the recommendations of this Association at its former meetings in regard to Education, both preliminary and medical, be reaffirmed, and that both the schools and private preceptors be still urged so to do their duty as to secure to the community a well educated profession.

*Resolved*, That in the work of medical reform, while all precipitate movements should be avoided, we should aim at a steady advance, from year to year, till a thorough system of education be established by the profession throughout our country.

Dr. Wood, of Pennsylvania, asked leave to suspend the order usually taken with Reports. Permission being granted, he read the following report, which was adopted :

The Committee to whom was referred the subject of arranging a plan of Committees, for future action, in place of the Standing Committees abolished by the Association, have the honor to report, as follows :

It appears to them that the most feasible plan of accomplishing the objects of the Association, is to select certain subjects, which may be considered as suitable for investigation, and to refer these subjects to special committees, to be appointed before the close of the present session, and to report to the next. Such a selection the Committee have accordingly made, and will offer to the consideration of the Association.

As an additional means of securing valuable contributions, they propose, also, the appointment of a committee, whose business it shall be, in the interval between this and the next session, to receive original volunteer papers, upon any subject which their authors may choose ; to decide upon the merits of these papers ; and to present to the Association, at its next session, such of them as they may deem worthy of receiving this direction. With a view to increase competition, they think it advisable that a prize of fifty dollars, or a gold medal of that value, be awarded to each of the five papers presented to the Association, or any smaller number of them, which the committee may consider most meritorious, and the Association may resolve to publish.



In reference to the resolution presented in the report of the Standing Committee on Medical Literature, and referred to the present Committee, they have only to observe that, as its ends will probably be most effectively obtained, by the adoption of the general plan which they have already brought before the notice of the Association, they do not consider it expedient to make any further report.

As to the appointment of the Special Committees referred to, your committee think that the most convenient plan will be to refer to a Special Committee, the nomination of a Chairman for each, who shall then select, at his convenience, two individuals, to aid him, with the restriction only, that the persons so selected, shall be members of the Association.

To the same Nominating Committee, may be referred the appointment of the General Committee, whose business will be to receive and judge, whatever papers, may be submitted to them. As the members of this General Committee must frequently compare opinions it will be desirable that they should reside near each other; and it is accordingly proposed, that they should be chosen from one neighborhood. If the plan be found to work well, this locality may be changed every year, so that each section of the Union may, in its turn, be charged with this duty. The committee would suggest that the General Committee should be first chosen from members of the Association residing in Boston or its neighborhood, as the most northern point.

To embody these suggestions in due form, the Committee offer the following resolutions:

I. *Resolved*, That Committees of Three be appointed to investigate and report severally on the following subjects:

- 1st. Causes of the Tubercular diathesis.
- 2d. Blending and conversion of the types of fever.
- 3d. The mutual relations of Yellow Fever and Bilious Remittent Fever.
- 4th. Epidemic Erysipelas.
- 5th. Acute and Chronic diseases of the Neck of the Uterus.
- 6th. Dengue.
- 7th. The Milk Sickness, so called.
- 8th. Endemic prevalence of Tetanus.
- 9th. Diseases of Parasitic origin.
- 10th. Physiological peculiarities and diseases of negroes.
- 11th. The action of water on lead pipes and the diseases which proceed from it.
- 12th. The alkaloids which may be substituted for quinia.
- 13th. Permanent cure of reducible hernia.
- 14th. Results of surgical operations for the relief of malignant diseases.
- 15th. Statistics of operations for removal of stone in the bladder.
- 16th. Cold water dressings.
- 17th. The sanitary principles applicable to the construction of dwellings.
- 18th. The toxicological and medicinal properties of our cryptogamic plants.

19th. Agency of the refrigeration produced through upward radiation of heat as an exciting cause of disease.

20th. Epidemic diseases of New-England and New-York.

21st. Epidemic diseases of Pennsylvania, New Jersey, Delaware and Maryland.

22d. Epidemic diseases of Virginia and North-Carolina.

23d. Epidemic diseases of South-Carolina, Georgia, Florida and Alabama.

24th. Epidemic diseases of Mississippi, Louisiana, Texas and Arkansas.

25th. Epidemic diseases of Tennessee and Kentucky.

26th. Epidemic diseases of Missouri, Illinois, Iowa, and Wisconsin.

27th. Epidemic diseases of Indiana, Ohio and Michigan.

II. *Resolved*, That a Committee of Nomination be appointed, whose duty it shall be to nominate one Chairman for each of the above Committees.

III. *Resolved*, That each of the Chairmen thus nominated shall select, at his earliest convenience, the members of the Association to complete the Committee.

IV. *Resolved*, That a Committee of five members be appointed, to be called the Committee for Volunteer Communications, whose duty it shall be, in the interval between the present and the next succeeding sessions, to receive papers upon any subject from any persons who may choose to send them, to decide upon the merits of these papers, and to select for presentation to the Association, at its next session, such as they may deem worthy of being thus presented.

V. *Resolved*, That the Committee for Volunteer Communications, shall have the power to form such regulations as to the mode in which the papers are to be presented, and as to the observing of secrecy, or otherwise, as they may think proper.

VI. *Resolved*, That the selection of the members of this Committee be referred to the same Nominating Committee, whose duty it will be to appoint the Chairman of the several Special Committees, as above directed; with this restriction, that the individuals composing it shall reside in the same neighborhood.

VII. *Resolved*, That a prize of fifty dollars be awarded to each of the volunteer communications reported on favorably by the Committee, and directed by the Association to be published: Provided, that the number to which the prize is thus awarded do not exceed five; and provided, also, if the number approved and directed to be published exceed five, that in such case, the prize shall be awarded to the five which the Committee may determine to be the most meritorious. All of which is respectfully submitted.

GEO. B. WOOD, *Chairman*.

*Charleston, May 9th, 1851.*

Dr. Hays, of Penn., gave notice, that at the next meeting of the Association, he should offer an amendment to the Constitution, line 4, so as to read \$10 instead of \$3.

Dr. Atlee, of Pennsylvania, remarked on the value of the Report of



the Committee on Medical Education, and offered the following resolution, which was adopted :

*Resolved*, That it be recommended to the several State Medical Societies throughout the Union, to procure a re-publication of the Report of the Committee on Medical Education, for general distribution among the profession.

Dr. Drake offered the following resolution :

*Resolved*, That in the opinion of the Association, the students of our schools should be required to matriculate within the first days after the opening of the Sessions, and continue their attendance to the end of the terms, taking with them evidence of the same, to be presented with tickets of the Professors when they become candidates for Degrees.

The resolution was adopted, and Dr. Gibson moved to defer the filling up of the blank. Some discussion arose on this point, when the resolution was left to read, "within the first days," &c.

The report of the Committee on Medical Science was then called up, when a letter was read from Dr. Dowler, Chairman of said Committee, regretting his inability to be present, and the necessity of sending it.

Dr. Fenner then read the outlines of the report, and asked permission to retain the same for revision, copying, &c. which was granted.

Dr. Mauran offered the following resolution, which was adopted.

*Resolved*, That the Committee on Publication, be instructed to print conspicuously upon the title page of the forthcoming volume of the transactions, the following declaration, viz : "The American Medical Association, although formally accepting and publishing the Reports of the various Standing Committees, holds itself wholly irresponsible for the opinions, theories or criticisms, therein contained.

Dr. Storer moved the following Resolution, which was adopted :

*Resolved*, That the hearty thanks of this Association be presented to their late Secretary, Alfred Stillé, M. D. for his constant, unwearied and invaluable services since its first organization.

The report of the Committee on Adulterated Drugs was read. A motion was made to refer the same to the Committee on Publication, which was lost, and a motion to lay it on the table, adopted.

Dr. Gaillard, of South Carolina, Chairman of the Committee on Hygiene, presented an outline of the Report on that subject. Referred to the Committee of Publication, with authority to append thereto a paper now in preparation, on the Mortuary Statistics of certain cities.

Dr. Drake, of Ohio, offered the following amendments to the Constitution, which were read and ordered to lie over under the rule :

All members by invitation, must be nominated in writing by five members of the Association, whose names shall be recorded in the minutes. When elected, they shall enjoy all the rights and privileges of Delegates, and remain permanent members of the Association.

All permanent members shall be entitled to vote, and when they attend a meeting of the Association, their respective names shall be registered, and each shall pay the sum required from a delegate.

The Secretary read a Protest from the Iowa University, against the representation of Rush Medical College in this Association.

Dr. Jervy moved to refer the Protest to a Special Committee, to report at once.

Dr. Wood moved to refer it to the Committee on Colleges of Pharmacy and Dentistry, which was carried. Dr. Jervy withdrawing his motion.

Dr. Wood read the following Report of the Committee of Nominations, which was adopted:

The Committee to whom was referred the nomination of the Chairman of the several Special Committees, to report at the next session, and also, of the committee for volunteer communications, report that they have fulfilled the object of their appointment, and offer the following list of Chairmen, to the committees first referred to, viz :

1st. Dr. F. Condie, Philadelphia, Chairman of the Committee on the causes of the Tubercular Diathesis.

2d. Dr. S. H. Dickson, of Charleston, S. C., on the blending and conversion of the Types of Fever.

3d. Dr. James Jones, of New-Orleans, on the mutual relations of Yellow and Bilious Remittent Fevers.

4th. Dr. John B. Johnson, of St. Louis, Mo., on Epidemic Erysipelas.

5th. Dr. Charles D. Meigs, of Philadelphia, Acute and Chronic diseases of the Neck of the Uterus.

6th. Dr. J. P. Jervy, of Charleston, S. C., on Dengue.

7th. Dr. Daniel Drake, of Cincinnati, Milk Sickness—so called.

8th. Dr. Lopez, of Mobile, Alabama, Epidemic prevalence of Tetanus.

9th. Dr. Geo. B. Wood, of Philadelphia, on diseases of Parasitic Origin.

10th. Dr. R. D. Arnold, of Savannah, Geo., on the Physiological Peculiarities, and diseases of Negroes.

11th. Dr. Horatio Adams, of Waltham, Mass., on the Action of Water on lead pipes, and the diseases which proceed from it.

12th. Dr. Jos. Carson, of Philadelphia, on the Alkaloids which may be substituted for quinia.

13th. Dr. Geo. Hayward, Boston, Massachusetts, on the Permanent Cure of Reducible Hernia.

14th. Dr. S. D. Gross, Louisville, Kentucky, on Results of Surgical Operations for the relief of Malignant Diseases.

15th. Dr. James R. Wood, New-York, Statistics of the Operation for the Removal of Stone in the Bladder.

16th. Dr. Charles A. Pope, St. Louis, Missouri, Water, its topical uses in Surgery.

17th. Dr. Alex. A. Stevens, New-York, Sanitary principles applicable to the Construction of Dwellings.

18th. Dr. Porcher, Charleston, South-Carolina, Toxicological and Medicinal Properties of our Cryptogamic Plants.

19th. Dr. G. Emerson, Philadelphia, Agency of the Refrigeration produced through upward Radiation of Heat, as an exciting cause of disease.

20th. Dr. Worthington Hooker, Connecticut, on the Epidemics of New-England and New-York.



21st. Dr. John L. Atlee, of Lancaster, Penn., on the Epidemics of New Jersey, Pennsylvania, Delaware and Maryland.

22d. Dr. Robert W. Haxall, Richmond, Va., on the Epidemics of Virginia and North Carolina.

23d. Dr. Wm. M. Boling, Montgomery, Ala., on the Epidemics of South Carolina, Georgia, Florida and Alabama.

24th. Dr. Ed. H. Barton, Louisiana, on the Epidemics of Mississippi, Louisiana, Texas and Arkansas.

25th. Dr. Sutton, Georgetown, Ky., on the Epidemics of Tennessee and Kentucky.

26th. Dr. Thos. Reyburn, Missouri, on the Epidemics of Missouri, Illinois, Iowa and Wisconsin.

27th. Dr. Geo. Medenhall, Ohio, on the Epidemics of Ohio, Indiana and Michigan.

The following gentlemen were appointed on the Committee for Volunteer Communications, viz:—Drs. Geo. Hayward, S. B. J. Jackson, D. H. Storer, and Jacob Bigelow, of Boston, and Dr. Usher Parsons, of Providence, R. I.

Signed on behalf of the Committee,  
GEO. B. WOOD, *Chairman.*

*Charleston, Friday, May 9th. 1851.*

The President read an invitation from the Committee of Reception, to a steamboat Excursion.

Dr. M'Intyre of New-York, proposed that the code of Ethics and Constitution of the Association be recommended to published by the several State Societies. Proposition adopted.

Dr. Grimshaw offered the following resolution:

*Resolved*, That Medical Colleges, in publishing Statements of the number of Medical and Surgical cases treated at their Dispensaries, act contrary to the spirit of the Code of Ethics adopted by this body.

Adjourned.

*Afternoon Session.*

The Association re-assembled at 5 o'clock, Dr. B. R. Wellford of Virginia, Vice President, in the chair.

The special order was called for, and Dr. Davis, of Ill., read a paper on the influence of certain diet on the functions of Respiration and Calorification, &c.

The President, Dr. James Moultrie, resumed the chair.

Dr. Hays moved to proceed with the consideration of unfinished business.

Dr. Grimshaw offered the subjoined Resolution, which was adopted.

*Resolved*, That the thanks of the Association be returned to Dr. Davis for the paper just presented by him.

Dr. F. A. Ramsey, of Tenn., called up as unfinished business, the Resolution offered yesterday by Dr. Jones, of Tenn., and not then acted upon, to which Dr. Grimshaw offered the following Amendment—"And that the first Convention be held before the first of May 1852."—The question being taken on the Resolution and the Amendment, they were both negatived by a large majority.

Dr. Phelps, of New York, offered the following Resolutions, which were unanimously adopted:

*Resolved*, That the warmest thanks of the Association be tendered to the Trustees of the St. Andrew's Society, for the gratuitous use of their very convenient and eligible Hall; and to all those other Institutions and Reading Rooms, which have been so freely thrown open for the inspection and use of the members.

*Resolved*, That the Committee of Arrangements receive our most grateful acknowledgments for the very handsome and indeed magnificent manner in which they have provided for the entertainment and pleasure of the Delegates from abroad, during their sojourn in the City of Charleston.

*Resolved*, That not only the Profession of Medicine, but also private munificence, and the kind attentions of the citizens generally, have conspired in manifestation of that urbanity of manner, and that unwearied and kind attention, which commands not only our profound admiration, but will be followed by the most pleasing recollections so long as life and thought shall endure.

On motion of Dr. Stevens, the above resolutions, with those offered by him at the Morning Session, were ordered to be published in the city papers.

Dr. Johnson, of St. Louis, moved to adjourn *sine die*, which was adopted.

The Vice President, Dr. Wellford of Virginia, then congratulated the Association on the happy termination of its labors, and declared it adjourned to meet again in Richmond, Va., on the first Tuesday in May next.

[For a large portion of the above report we are indebted to the courtesy of the Secretary, Dr. Gooch, who will please accept our thanks.—EDS. EXAM.]

#### MEDICAL NEWS.

DR. ELISHA BARTLETT has received and accepted the appointment of Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons, of New York, vacated by the death of Dr. John B. Beck.

DR. SAMUEL D. GROSS has resigned the Professorship of Surgery in the Medical Department of the New York University.

Dr. ALFRED C. POST has been appointed Professor of Surgery, and Dr. MEREDITH CLYMER, Professor of the Principles and Practice of Medicine in the Medical Department of the New York University.

A RICH SURGEON.—Ralph Fletcher, Esq., a surgeon of some note in Gloucester, England, died lately, leaving a fortune, acquired in the practice of his profession, of *eighty thousand pounds* (about four hundred thousand dollars.)